CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

31 May 1997

'P1' prescribing form for pharmacy pilot

Homoeopathy efficacy questioned by HA

Electronic data transfer: professions in agreement

Chris Cairns fills the guest editor's slot

Unichem beefs up its new pharmacy scheme

Roche pays £6.7bn for Boehringer Mannheim

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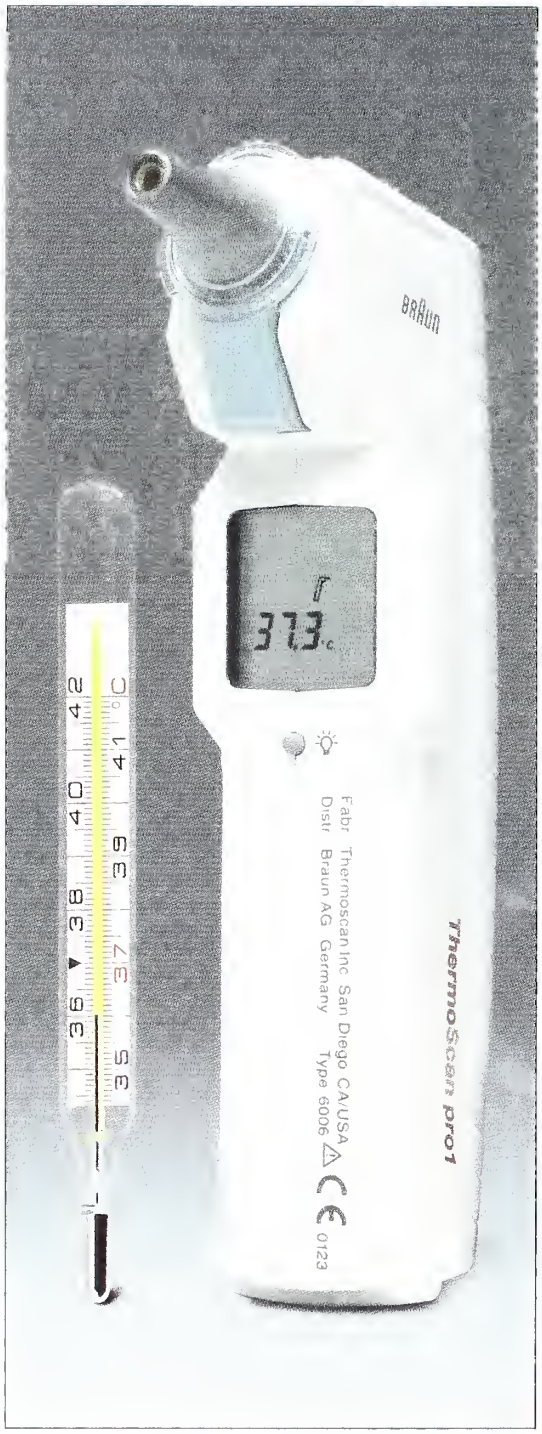

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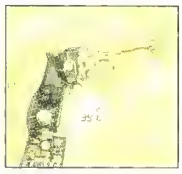

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THERMOMETRY AT THE SPEED OF LIGHT

1. M. Benzinger, Tympanic Thermometry in Surgery and Anesthesia, *JAMA*, August 25, 1969. 2. T. Terndrup, J. Allegra & J. Kealy, Comparison of Oral, Rectal and Tympanic Membrane-Derived Temperature Changes After Ingestion of Liquids and Smoking, *American Journal of Emergency Medicine*, March 1989. 3. M. Kresch, Axillary Temperature as a Screening Test for Fever in Children, *The Journal of Pediatrics*, April 1984. 4. Data on file. 5. S. Pransky, The Impact of Technique and Conditions of the Tympanic Membrane Upon Infrared Tympanic Thermometry, *Clinical Pediatrics*, April 1991. 6. B. Kelly & D. Alexander, Effect of Otitis Media on Infrared Tympanic Thermometry, *Clinical Pediatrics*, April 1991.

Hospital pharmacy, like community pharmacy, has had to respond to the changing healthcare environment. Over the last few years, hospital pharmacists have radically altered their working practices, moving from dispensing in the pharmacy to prescribing and ward rounds. As part of the shift towards care in the community, many hospital services are moving out of hospitals into the High Street, which could be viewed as either a threat or an opportunity for community pharmacy.

In our guest editor pages (pp18-22), Keith Farrar, chief pharmaceutical officer at Wirral Hospital, talks of "rich pickings for pharmaceutical care beyond the confines of the hospital". He adds that "nursing homes could be considered 'core business' by hospital pharmacists, as they are an obvious extension of existing services provided within the hospital boundary". Some community pharmacists currently providing nursing homes with a quality service for minimal reimbursement will probably disagree with him. Prescribing advice to GPs is "another logical area of extension" for hospital pharmacy. Dr David Upton from Glenfield Hospital in Leicester argues that hospital pharmacists are better qualified to take on the extended roles that community pharmacists are seeking out. "With the best will possible", he doesn't believe "there are adequate numbers of community pharmacists with the motivation, the necessary clinical experience and, perhaps most crucial of all, the time available to fulfil the role" as a prescribing adviser.

Let's hope that extending pharmacy beyond the confines of the hospital doesn't limit the scope of skilled community pharmacists. Seamless pharmaceutical care for patients is the ultimate aim for all pharmacists. How prepared are you to meet the challenge?

CHEMIST & DRUGGIST

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Conspiracy to commit fraud case dropped

A Crown Court case against a doctor, his practice manager and a pharmacist accused of conspiring to defraud the NHS out of thousands of pounds has been abandoned.

Pharmacist Arshad Malik, along with Dr Gerald Moore and practice manager Jean Cummings, all of Essex, all denied the charges at the trial held at Snaresbrook Crown Court, East London (*C&D* March 15, p4).

The judge stayed the prosecution after an abuse of process was alleged of the prosecution over non-disclosure of material. Last Tuesday, the prosecution was unable to satisfy the judge and the defendants were acquitted of the conspiracy charges. The judge, when dismissing the case, ordered that the defendants' costs be paid out of central funds and by the Crown Prosecution Service from the committal date.

Stephen Lutener, of the Royal Pharmaceutical Society's law department and responsible for enforcement, was unable to comment specifically on the matter. However, he said the Statutory Committee would generally await the outcome of any trial before making a decision to investigate professional misconduct. "If a person is acquitted of an offence, it would not automatically be referred."

The National Pharmaceutical Association has expressed concern over the costs of defending cases in the courts.

Chemist Defence Association and NPA legal indemnity spokesman Glyn Walduck says that the CDA is very pleased that Mr Malik was acquitted. However, he says that the total spent on defending him is over £360,000 to date, with the final amount yet to be calculated. "Hopefully, we will get the majority of this back," he said.

Mr Walduck stressed that Mr Malik's acquittal was in part due to very good legal representation. "His case was prepared very thoroughly," he said, but added: "If there were a number of cases, we could not sustain them."

NPA head of public affairs Veronica Wray says that the real worry is the Fraud Scrutiny Report, which is soon to be presented to health secretary Frank Dobson. It is understood there may be further trials for fraud which the CDA may be expected to defend.

"Unfortunately, we do not have a crystal ball and we do not know how many cases there may be," said Ms Wray. If there is a significant number of cases, it could bankrupt the CDA's reserves.

Pharmacists on the prescribing road at last with P1 forms

Nottingham pharmacists are to write prescriptions to prescribe P medicines in a pilot project starting this September.

The pilot, initiated by National Pharmaceutical Association community pharmacy development officer Sandra Parnham six months ago, will at first concentrate on head lice preparations and appropriate insecticide use.

This is an area where many patients are exempt from prescription charges, and it is hoped that pharmacists will relieve the burden on GPs. A structured referral system and protocols will be implemented.

Additional medicines may be added to a formulary at the end of the scheme, pending agreement between the local pharmaceutical committee, the local medical committee and the health authority.

The project involves 33 pharmacists in the West Nottingham area of South Nottingham Health Authority. It is the first time that a prescription form has been devised for pharmacists. It is to be called either the P1 or FP1.

In September, pharmacists in the project will do a preliminary survey on the number of people who are being supplied with OTC or prescription head lice treatments. The main project begins in January, 1998. The health authority is arranging training for all the pharmacists involved, plus two non-pharmacist members of each pharmacy.

Pharmacists will at first be paid £3 for the first consultation, and £1 per subsequent consultation with family members. Funding for the lotions will come from the HA.

The pilot will be evaluated by Nottingham University and will run for six months initially. It is hoped that the pilot will provide data on which the future of service provision can be based.

The LPC has appointed Barry Besbrode to work alongside the NPA and Nottingham Health Authority in implementing the scheme.

LMC secretary Dr Steven Earwicker says that the scheme could eventually include all drugs and treatments available under a pharmacist's supervision. Nottingham LMC have also put a motion to the General Medical Services Council conference to the same effect.

"We look forward to sharing our experience with other LPCs nationwide. This project has tremendous implications for the profession," says LPC secretary Robert Onley.

Moonlighting pharmacist earns £1,400 fine

A Newcastle upon Tyne-based pharmacist earned extra cash while leaving his untrained mother to hand out medicines as he moonlighted.

He earned £160 a day working at a pharmacy in County Durham while his mother dealt with customers at his own pharmacy, 16 miles away in Newcastle. Aron Kumar Gujral of Bodycare, Fenham, told his mother that if she was unsure about what she was selling, she could telephone him.

An eight-day undercover investigation by the Royal Pharmaceutical Society in June last year revealed Pharmacy medicines were sold by his mother on seven occasions. Before each sale she phoned her son, who was working as a locum at Moss Chemists, in Sacriston, County Durham, to ask if she should sell the drugs.

Mr Gujral, who defended himself at Newcastle Magistrates Court earlier this month, denied all seven charges of unlawfully supplying medical products against him by the Royal Pharmaceutical Society. He claimed he organised adequate supervision for the Bodycare pharmacy, but was found guilty and ordered to pay a £1,400 fine and £2,000 costs.

Mr Gujral told the court he had been forced to close down his pharmacy in Fenham following the inspection.

He is expected to appear before the Society's disciplinary committee later this year.

Stephen Lutener, head of the Society's inspectorate and enforcement division, comments: "This is the first case of this severity found in the North East and I am delighted with the outcome."

In this issue

Chris Cairns, president of the Guild of Hospital Pharmacists and director of the Pharmacy Academic Practice unit at St George's Hospital in London, is our second guest editor of 1997. He has invited three trust chief pharmacists to give their personal perspectives on aspects of the changes in the National Health Service and the impact of these changes on pharmacy practice in community pharmacies, as well as hospitals (pp18-22). Keith Farrar from the Wirral Hospital NHS Trust speculates on the future of hospital pharmacy ten years in the future. Beth Taylor of the Optimum Health Services NHS Trust in south east London discusses the issues surrounding the support required for care in the community patients and Dr David Upton, based at the Glenfield Hospital NHS Trust in Leicester, looks at the opportunities that exist for hospital pharmacists in the community.

Homoeopathy referrals on hold

Lambeth, Southwark & Lewisham Health Authority has stopped new homoeopathy referrals following a review of scientific evidence for homoeopathy.

Before the decision in February this year, the health authority had been sending 150 patients to the Royal London Homoeopathic Hospital in Holborn. These patients will be funded to finish their courses of treatment.

"We recognise that many people benefit from homoeopathy. Unfortunately, the resources available to us do not permit us to buy homoeopathy in preference to other treatments of proven benefit," says director of public health Dr Deirdre Cunningham.

The HA has an evidence-based purchasing system in practice, which evaluates therapies via a clinical effectiveness programme. "The point of our programme is not to make cuts, but to spend money on clinically-effective therapies," says Caroline Mawer, a senior registrar in public health medicine at the HA.

The health authority will continue to use other alternative therapies, such as acupuncture, osteopathy and chiropractice.

A spokesman for the Royal London Homoeopathic Hospital says: "We are extremely disappointed that the health authority has taken this retrospective step."

Sheffield discharge patient adherence study to be set up

Sheffield pharmacists are to be invited to take part in an adherence study with patients discharged from hospital.

The National Pharmaceutical Association has obtained £65,000 from the Department of Health out of the pilot projects budget. The study will take place from November to March next year.

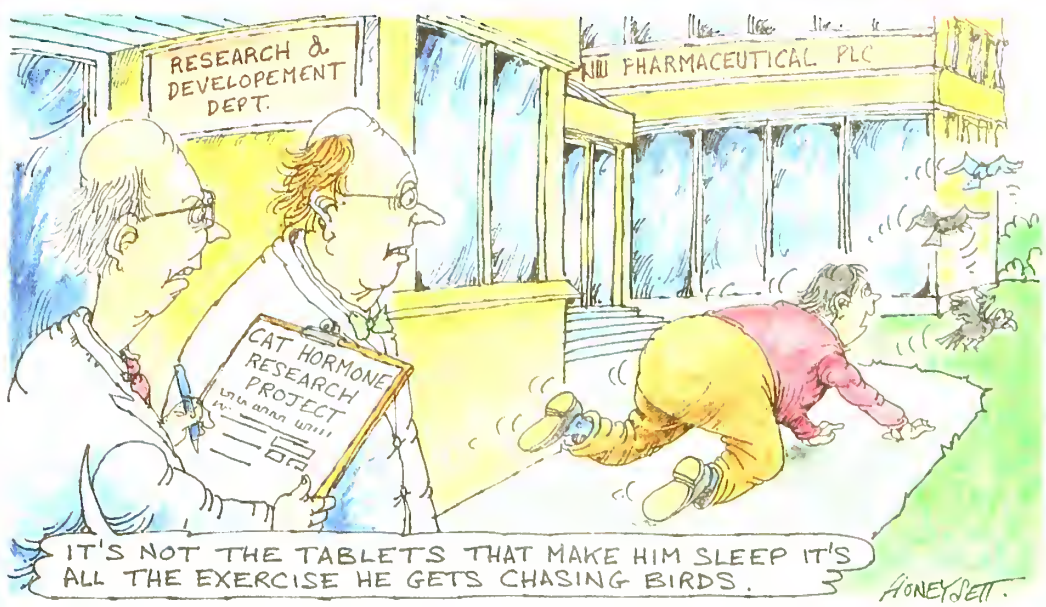
Patients with congestive heart failure about to be discharged from hospital will choose a participating community pharmacist, who will visit the patient at home a few days later. The GP is also informed of the pharmacist's involvement and both will be given the discharge summary.

The pharmacist will also have the patient's needs assessed which will allow a costed intervention plan to be drawn up by the pharmacist. A fee of £100 will be paid for each patient the pharmacist monitors over three months.

Interventions could vary from simplifying doses to coincide with home help visits to providing Braille labels or audio tapes of dose instructions, or other compliance aids. "It is very much up to the pharmacist to decide what is the best intervention," says NPA head of professional development Georgina Craig.

A letter will be going out to pharmacists this week inviting all in the area to apply, but it is anticipated that about ten, looking after 12 patients each, will participate. Criteria for selection include geography: where there are more elderly patients, it will be more likely that pharmacists will take part, comments Ms Craig.

The project, which will be carried out in consultation with the University of Glasgow and the Unit of General Practice at the National Heart and Lung Institute, will be evaluated as a model for service.



The biochemistry of sleeping cats is being studied to develop a new sleeping pill for humans, according to a report in the latest *Science* magazine. Adenosine, which occurs naturally in the brain, has been shown to induce sleep in cats. As adenosine levels built up, the cats eventually could not resist the urge and fell asleep. Having demonstrated the role that adenosine plays in mammalian sleep, the Harvard Medical School researchers are now looking at possible uses for the drug in inducing sleep in humans. However, they warn that potentially dangerous cardiac effects mean that adenosine would have to be targeted specifically

Bodies agree electronic transfer principles

Pharmaceutical and medical professional bodies have agreed a set of 15 principles on electronic transfer of prescription data. They are also asking that the issue of electronic prescribing be addressed as soon as possible.

Copies of the principles, agreed by the RPSGB, PSNC, NPA, BMA, GMSC and the Royal College of General Practitioners, have been sent to the chief pharmacist, Bryan Hartley, and the chief medical officer, Sir Kenneth Calman.

A covering letter points out that while the professions are aware of the benefits that automated electronic systems for prescription data transfer from GP to pharmacist may bring, there is concern that the development of such systems without reference to professional standards may have adverse effects in terms of costs, patient confidentiality and safety.

The key principles are:

- the patient must be made aware of what information is being transferred and have access to that data on request
- access to data relating to identifiable patients requires the patient's, or their representative's, consent
- the system must comply with the professions' privacy, safety and confidentiality standards
- accuracy and integrity of transferred data must be maintained
- the system must be capable of access by all pharmacies and GP practices
- details of software design should be published
- transmitted messages should adhere to message structures as set out by the professions and should include a free text option
- promotion of particular products, manufacturers or suppliers would not be allowed
- patient choice must be maintained
- direction of prescriptions to specific pharmacies by doctors or pharmacists must not be allowed
- the GP must perform their professional tasks on each occasion relating to the issue of a prescription
- the pharmacist must perform their professional tasks on each occasion relating to the dispensing of the prescribed medicine
- health professionals must not be restricted by the system to assist patients to obtain maximum beneficial therapeutic effect
- any change in workload introduced by a system must be acceptable to each profession
- the system must satisfy the professions that it guards against the risk of duplication of supply of a prescribed medicine to a patient.

Baroness Flather promotes immediate striking off Bill

Tory peer Baroness Flather is mounting a bid to change the law so that the Statutory Committee can strike a pharmacist off the Register immediately if they are found guilty of misconduct.

Her private member's Bill, which will be given a second reading in the House of Lords on June 3, would close the loophole which allows a pharmacist to remain on the Register for three months – or up to 18 months on appeal – after being found guilty.

Baroness Flather's husband, Gary Flather, is chairman of the Committee, and believes legislation is vital to protect members of the public. "Every other healthcare profession has this power – one wonders why pharmacists do not," he says.

The Bill is unlikely to become law unless the Government lends it active support. The Department of Health said it would support any measure which increased the protection of the public, but that ministers were still considering the implications of Baroness Flather's measure.

Head of the Royal Pharmaceutical Society's law department Sue Sharpe said that the Bill is one of Baroness Flather's own. It had not been put forward at the request of the Society's Council, "although Council is supportive of the idea of the Statutory Committee having immediate powers of suspension".

Ms Sharpe hopes that a working party looking into the way in which the Statutory Committee works will put forward a package of measures by the end of the year.

- Health minister Alan Milburn last week tightened the regulations which allow unfit doctors to be struck off. Under the regulations, which complement the 'fitness to practise' committees of the GMC, a doctor could be struck off for "seriously deficient performance".

PSNC suggests cash incentives for future IT development

Financial incentives would encourage community pharmacists to develop information technology in primary care, the Pharmaceutical Services Negotiating Committee has told the Department of Health.

A 'requirements for accreditation' approach could be used, similar to that for GPs, suggests PSNC in response to the White Paper, 'A service with ambitions', issued last November. PSNC also recommends that an interprofessional working party be set up to promote the sharing of key clinical information across the NHS. Confidentiality could be preserved on a 'need to know' basis.

The DoH also asked PSNC for views on how information services to patients could be developed. PSNC suggests that patient medication reviews involving the patient, carer, pharmacist, nurse and GP could help the public work with the professions to make joint decisions on appropriate care.

Dispensing doctor ballot hits delay

There has been a delay in the ballot testing support for the ousted chairman of the Dispensing Doctors' Association, David Roberts. The deadline was May 23.

An extraordinary general meeting registered a vote of no confidence in Dr Roberts for his refusal to negotiate with pharmacists on rural dispensing (*C&D* May 17, p5). But Dr Roberts did not accept the decision and his supporters organised a postal ballot.

Other members of the Association's executive have challenged the ballot as unconstitutional and are waiting for a decision from Electoral Reform Services as to whether it should proceed.

NPA supports P status quo

The National Pharmaceutical Association is arguing that terfenadine, loperamide, benzoyl peroxide and miconazole should all remain P medicines.

The Medicines Control Agency has proposed returning terfenadine to Prescription-only status in the light of concerns over safety. In another consultation letter, the MCA proposed that the other three drugs be deregulated to General Sales List status.

The NPA Board agreed at its May meeting that restricting access to terfenadine would increase pressure on GPs and disadvantage those who regularly and safely use it. While recent publicity regarding the drug's safety was a matter of concern, it was not clear whether adverse reactions arose from over the counter sales or prescription supply. Pharmacists were aware of the problems associated with terfenadine, and by appropriate use of protocols could advise patients on suitability.

The Board felt that the P to GSL proposals could compromise the safety and well-being of patients if the products were available from non-pharmacy outlets. For example, wider availability of loperamide could lead to the patient delaying the start of rehydration therapy. Wider availability of benzoyl peroxide acne treatments could delay referral to a GP or dermatologist, with the result that the patient may suffer unnecessary social disability and permanent scarring.

Patient pack dispensing The NPA estimates that the costs to pharmacy of the patient pack initiative could be $8 million, taking into account residual stock and increased storage space. The Association has drawn up a compliance cost assessment detailing the impact of the introduction of PPD. This will accompany the NPA's response to the MCA's consultation document that proposes altering the POM order to take account of the move towards PPD. The Board, supported PPD in principle at its meeting in April, but raised a number of issues of concern, including the problems of residual stock, reduction of shelf space, confusion over 'special containers', prescribers being able to write prescriptions for exact quantities and the provision of leaflets when medicines were supplied in quantities that were at variance with patient pack quantities.

The NPA disputes the DoH's conclusion that the introduction of PPD would not create additional burdens on business. The NPA does not believe that the implementation of PPD will be cost neutral for pharmacy. The magnitude of the cost is extremely difficult to quantify given that changes to pharmacists' Terms of Service are as yet unknown. It is also uncertain at this stage what arrangements will be introduced to allow pharmacists to utilise existing bulk packs beyond the transition phases and ultimate implementation date.

Pharmacy Healthcare Scheme tender The NPA's professional development team has been successful in its bid for health promotion developmental work in the Pharmacy Healthcare Scheme. The department would be working alongside PHS and the other successful tenderer, KPMG.

Prescription courier service The Board agreed that the overwhelming demand for Group 4's Nightspeed courier service to send prescriptions to the pricing authorities, and consequent delays in establishing contracts, might be a result of the extremely advantageous rates offered by Group 4. While pursuing other potential suppliers, the NPA is to meet Group 4 to attempt to resolve the situation.

Business Management Course Manufacturers should be sought to sponsor sections of the revised Business Management Course. Board members approved a new format in which the material was presented in a series of cards each covering a day to day management issue with a practical application to the business. Further details would be issued to members when the revised course was ready.

Interact Plus A follow-on course for Pharmacy Interact, Interact Plus, has been approved for assistants who had completed Pharmacy Interact but who were keen to develop their skills further. It is likely to be available in early autumn 1997.

External training endorsement A special 'NPA Training Seal' will be used as a sign of quality by external organisations and publications that had requested and, if appropriate, received NPA endorsement of their training material.

Insulin misuse Following recent media attention regarding the misuse of insulin by bodybuilders, members will be warned to exercise caution when receiving OTC requests for insulin.

Services to drug users The Board agreed to adapt a set of leaflets designed by Martin Bennett from Sheffield that would help those members experiencing problems with providing services to drug addicts.

NW Conference 1997 The annual NPA North West Conference has been set for November 16 and will be held at the Lord Daresbury Hotel in Warrington.

New Welsh services standards issued

A new version of the guides outlining standards of pharmaceutical services in Wales has been issued.

'Standards for Pharmaceutical Services in Health Authorities & Trusts in Wales' DGM(97)34 is a revised version of the 'Standards of Pharmaceutical Services in Provider Units in Wales' DGM(93)119 issued by the Welsh Office in September, 1993.

The document, issued last week, sets out the minimum standards which are considered important for a comprehensive hospital pharmaceutical service. It provides guidance on which facilities are required and which services are expected from the pharmaceutical services in HAs and trusts in NHS Wales.

Although the guide lists 29 standards of service, each responsible body will not necessarily commission or provide the full range described.

Copies of the standards document ($20 each) are available from David Morgan, director of pharmaceutical and public health, North Wales HA, Hendy Road, Mold, Flintshire. Cheques payable to 'North Wales HA'.

NHS 'value for money' medicines

The NHS has much better arrangements for getting value for money from medicines than comparable healthcare systems in Australia and Canada, according to a new report from the Office of Health Economics.

The report, 'Guidelines for the economic evaluation of pharmaceuticals: can the UK learn from Australia and Canada', assesses the guidelines each country uses to find out whether their healthcare systems are giving value for money.

It focuses on the UK, Australia and Canada because their healthcare systems were the first to introduce national guidelines for economic assessments.

While the NHS provides relative value for money, the report adds, it does not use economic studies about its cost-effectiveness as much as it should.

The report also concludes that:

- economic evaluations are having much more impact on prescribing expenditure in Australia and Canada than in the UK
- lack of explicit rationing criteria limits the use of economic evaluations in all three countries' systems, but more so in the NHS.

PHARMACIST PEN PORTRAIT

Christopher Jones

● **Qualified** Christopher went to Portsmouth School of Pharmacy because Cardiff was a bit too close to home. He graduated in 1989 and went on to do his pre-registration with Boots in Newport, Gwent. He qualified in July, 1990.

● **Career** After qualifying, he was a relief manager for A O Bond in Somerton, Somerset, for a year. He joined T H Prichard and Son in Blaina, Gwent, as a manager in September, 1991. In January, 1994, he joined W Ben Evans Chemist in Rogerstone, Newport, where he is at the moment. He enjoys being at the 'sharp end' of pharmacy.

● **Projects** Chris has helped run an audit on diuretic prescribing for a local GP surgery. He is also involved with a medicine wastage pilot project with Gwent Health Authority, and a self-audit PMR project with the WCPPE. He is starting a polypharmacy project involving elderly patients in the Gwent LPC and Health Authority areas in June. The project is based on repeat prescriptions from a particular surgery and on PMR records.

● **Interests** He tries to spend as much time as possible with his wife and two daughters, aged two years five months and 18 weeks. He enjoys watching and playing most sports, especially football and rugby. He supports Pontypridd RFC and is a fan of the rock group Led Zeppelin.

● **Outlook on life** His outlook is not exactly classical philosophy: "The greatest thing you ever can do is trade a smile with someone who's blue ... it's very easy" (from the Led Zeppelin song, 'Friends').

● **Pharmacy philosophy** If the New Age is to be the success he hopes it will be, then everyone must get behind it and show they are part of a pro-active profession. He also feels mandatory continuing education is essential to raise pharmacy's profile with other healthcare professionals.

Topical Reflections

Good, but not *that* good

Last week's *C&D* editorial suggested that, since the Healthplus system from PRS has now been launched as a pharmacy stand-alone system, a more pragmatic view might now be adopted. I agree. So what has Healthplus to offer me, as an independent community pharmacist, that would influence my choice on the open market?

The prospect of computer-assisted counselling is attractive and even more so if I am actually paid for doing what I presently do for free. As for centrally-maintained and universally-accessible full patient medication records, this also has its attractions but will not be available unless the vast majority of pharmacists sign up to the system.

Both these are advantages over my present operation, but in order to change I will require £3,000 of new hardware and an additional annual expenditure of £1,000 for the software. At the present time, that cost is prohibitive and I have yet to be convinced that the counselling payments will significantly ease the burden. I am quite happy with my existing PMR system, and its costs, although high, are not astronomical. Until Healthplus can prove its cost-effectiveness to me I regret that I will have to remain sitting comfortably on my fence.

However, in the heated debate over the ethics of Healthplus, the alternative system of patient-held smart cards for access to medication and other health records has been neglected. This is an already-proven system that allows for the uncompromised involvement of all health professionals, while providing the patient with the total freedom to use the pharmacy of their choice. This may be anathema to the commercial requirement of captive customers but ultimately must be the most professionally acceptable solution and is one that would be my preferred choice for further development.

Applying a bit of 'natural justice'

Last Saturday was another typical pre-bank holiday panic day, which I survived well until I was asked for a sodium cromoglycate inhaler. Now I only stock Intal, because that is the way it is always prescribed to my regular patients, but Cromogen at nearly £4 cheaper is the brand quoted in the Drug Tariff. It was Saturday afternoon, the child needed his inhaler and it would have been unreasonable to send the mother elsewhere, so I dispensed Intal. I lost £4 but retained my professional credibility.

Now this is a story I have repeated in the past and which is re-enacted somewhere, with different products, every day of the week, but still the regulations remain intransigent. The last administration rarely seemed to apply 'natural justice' to its decisions, but we now have a Labour Government with a human face. It should react differently to obvious cases of injustice and simple cases like this are easily rectified.

I suggest a new special endorsement category 'PS', Pharmacist Substituted, which would allow payment for items supplied in their branded form when the generic equivalent, owing to lack of demand, is not stocked. The validity of the claim could be determined by the Prescription Pricing Authority from the dispensing statistics and disallowed if it exceeded defined criteria.

A small step for a profession under siege, but a giant leap of ideological purpose from a new administration!

No more excuses for Persona

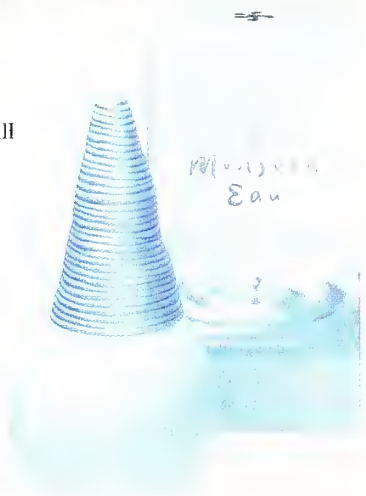
With the imminent end of Boots' infamous one-year deal for exclusive rights to Persona, Unipath is now courting the independent pharmacist and offering training facilities to potential stockists.

However, it seems that distribution of this complex system, with its extreme training requirements, will be via the wholesalers!

So much for that much-vaunted control over distribution and training, because if Persona is available via the wholesaler, there can be no control. But at least it proves what most pharmacists have always maintained. All the excuses about training and Boots were just that ... excuses. Soon, Persona will be freely available, as it should have been in the first place, but the $64,000 question still remains unanswered. Will I buy it?

COUNTERpoints

Monsoon launch comes out of the blue



Coty is launching a light, refreshing daytime fragrance, called Monsoon Eau, which will be on-counter from July.

It combines fresh notes of white waterlily, neroli, blue water iris and yellow freesia with the fruity notes of honeydew melon and pear.

The blue-tinted fragrance is presented in a clear, frosted glass bottle with a blue pearlescent cap. The bottle comes in a matching aqua, foil-embossed outer carton.

The launch will be supported by a press advertising campaign worth over £350,000, with scent strips in key women's magazines.

A new tester unit has been designed to encourage customers to try the product.

Available in a 30ml eau de toilette, it retails at £18.95. A 125ml perfume mist (£9.95) will be introduced in September.

Coty (UK) Ltd.
Tel: 01734 302302.

Roc Hydra+ range copes with most moisture needs

Roc is adding three new products to its Hydra+ moisturising range.

Hydra+ Mat for combination/shiny skin comes in an oil-free formula to provide optimum hydration while counteracting shiny areas.

Hydra+ Teint is a tinted cream with 24-hour moisturising action suitable for customers who wear little make-up. It is available in Light (Clair) and Golden (Doré) shades.

Hydra+ Masque is designed to give an intensive moisturising boost to dehydrated skin. It should be applied once or twice a week.

Each product retails at £11.75 (40ml). Introductory consumer promotions are available for pharmacies.

The range will be supported by a national TV and women's press campaign throughout the summer.

Johnson & Johnson Ltd.
Tel: 01235 824323.

Miners' glittering performance

Miners Cosmetics has launched a new range of Body Glitters in six colours – gold, silver, glimmer mix multicolour, navy, fuschia and rainbow mother of pearl.

The pH-balanced, water-based gels contain small polyester sparkling 'jewels' combined with moisturisers which leave a sheen on the skin.

Designed to be applied to exposed midriff and shoulder areas, the product is formulated so that it will not stain clothing.

Retail price is £1.99.

Paul Murray plc.
Tel: 01703 268444.

Shaping up for smooth sales

The new Shape and Shine brush from Morphy Richards smooths and shapes hair.

Its unusual curved design fits comfortably into the hand and makes it easier to use.

The product heats up instantly via the heated backplate which has a series of domed nodules to guide the hair into shape. Other sales features include an automatic temperature control and a multi-voltage facility.

It retails for around £15.

Morphy Richards Consumer Electronics Ltd.
Tel: 01709 585525.

Sun E45 helps promote sun safety

Crookes Healthcare is promoting the Health Education Authority's new five-point sun safety code by incorporating it into a new educational sample card for consumers.

In addition to the HEA icons, the card features four extra ones which relate to those people with sensitive or sun-sensitive skin.

'The step by step plan to safer sun' has been designed to offer consumers practical advice on safety in the sun and selecting the correct factor sunscreen.

A new Sun E45 consumer leaflet, entitled 'Reflect on the sun protection you need', is available from Crookes Healthcare. It answers common questions on sun care and sun protection products.

Crookes Healthcare Ltd.
Tel: 0115 953 9922.

Hot lips for summer with Labello

Beiersdorf has reformulated its Labello UV Care lip balm with increased protection from harmful UV rays.

The product now has an SPF of 18 to protect lips during the summer, when they are particularly vulnerable to the damaging effects of UV because they do not produce melanin (natural UV protection) like normal skin.

Available in a handy-sized tube, the product retails at £1.65.

Beiersdorf UK Ltd.
Tel: 01908 211444.

AAH's special June discounts

Top of the best buys from AAH Pharmaceuticals in June are Oral-B toothbrushes and Kleenex tissues. Other top-selling, specially-discounted lines with higher PORs include the Gillette range, Rennie Rap-eze indigestion products, Natrel Plus deodorants and Vagisil feminine hygiene products.

AAH Pharmaceuticals Ltd.
Tel: 01928 717070.

Sugaring system aids hair removal

Richards & Appleby has launched a new sugaring system to speed up hair removal.

Smooth Appeal Wax Eazy comes in a squeezable bottle with an applicator nozzle that allows smooth, even distribution all over the body.

The product is heated up in a microwave or in hot water before being spread over the skin. A cotton strip is then pressed over the treated area and pulled quickly against the hair growth.

Formulated with 100 per cent natural ingredients, Wax Eazy should not cause irritation. The skin should remain hair-free for up to six weeks.

Retail price is £6.95.

Richards & Appleby Ltd.
Tel: 01685 843384.

WITH MILLIONS OF POTENTIAL CUSTOMERS YOU'RE ON YOUR OWN IF YOU DON'T GO SOLO.

SOLO is the new debit card from Switch.

It's based on the same tried and tested technology. And from July, it will bring in a whole new generation of debit card holders, all ready to spend money.

If you're a Switch merchant, your bank will contact you with more information on how SOLO could benefit your business.

With 8 million SOLO card holders expected within 3 years it's not an opportunity you can afford to miss.

So why be on your own when you could be going SOLO?

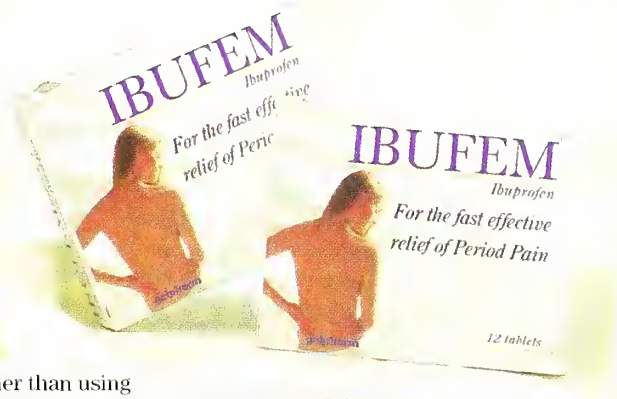
IT'S TIME TO GO SOLO

Ibufem for the relief of period pain

Galpharm has introduced Ibufem, an ibuprofen product specifically aimed at relieving period pain in women.

Ibufem (12 tablets, £1.39) contains ibuprofen 200mg in each sugar-coated tablet. The dose is two tablets every four hours; maximum six in 24 hours. The product carries a GSL licence.

Leonie Schofield, brand marketing manager for Galpharm, says the launch aims to highlight the effectiveness of ibuprofen in the relief of period pain. The period pain analgesia market is also expected to be given a boost by encouraging women to buy specific products rather than using general analgesics.



Galpharm International Ltd. Tel: 01226 779911.

Diflucan One: no bedtime stories

Diflucan One will be supported by a £1.3 million press advertising campaign throughout the summer.

The advertising will continue last year's successful theme, which featured a close-up of a woman's face taking a Diflucan One capsule.

This image is accompanied by a number of new straplines, such as 'One capsule is all you need for vaginal thrush (and that's no bedtime story)'. The campaign will be featured in 20 leading women's magazines.

Plans for the brand also include extending the TV test campaign, which ran in London earlier this year, to other regions in the summer.

Pfizer Consumer Healthcare. Tel: 01304 615936.

'Morphing' man relieves the suffering

Clarityn Allergy is currently making its TV debut in a campaign targeting hayfever sufferers when pollen counts are high.

State of the art computerised animation shows viewers how the product quickly relieves the symptoms of hayfever.

In the new commercial, a 'morphing' man appears to be suffering from hayfever, with symptoms such as sneezing and puffy eyes depicted using special effects, morphing techniques and three prosthetic noses.

The scheduling of the advertisements is pollen-dependent – targeting sufferers at a time when they are most in need of relief.

A £2.5 million advertising support programme also includes a press campaign. Pharmasite posters will help to position the pharmacy as the first port of call in the hayfever season.

Schering-Plough Ltd. Tel: 01707 363636.

Tee off for the US with Advil

Advil, the official pain reliever of the Professional Golfers Association, is hosting an exclusive golf tournament this summer and Whitehall Laboratories is inviting all independent retail pharmacists to participate.

The competition will open with eight regional heats held across the UK during June, July and August. The UK final will be held at the Forest of Arden Golf and Country Club in Northampton in August. The winner and his or her partner will then be taken on an all-expenses paid trip to the US to take part in the International Advil Pro-Amateur Senior Golf Championship held at the PGA National Resort and Spa in Florida's Palm Beach.

To qualify pharmacists must purchase a minimum of two outers of Advil and display this stock using the allocated POS materials.

If you would like to participate or require further information, contact your Whitehall representative or Christina Smedley/Caroline Wray on 0171 344 1200.

Whitehall Laboratories Ltd. Tel: 01628 669011.

For value added pain relief

Crookes Healthcare is launching two new Pharmacy-only packs for Nurofen Plus.

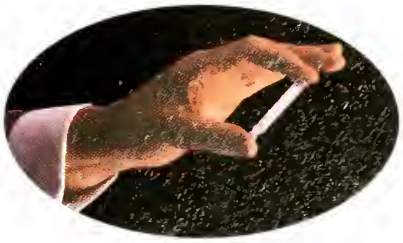
Forty-eight- (£6.79) and 72-tablet (£8.59) packs have been introduced with the aim of increasing convenience and value for money.

Formulated with ibuprofen and codeine, the product is suitable for consumers looking for powerful pain relief.

Crookes Healthcare Ltd. Tel: 0115 953 9922.

AT LAST

naturally derived animal insulins in 1.5ml cartridges



HYPURIN® BOVINE AND HYPURIN® PORCINE

HIGHLY PURIFIED BOVINE INSULIN Ph Eur

HIGHLY PURIFIED PORCINE INSULIN Ph Eur

Seton delivers two new arrivals

Seton Healthcare is expanding its Woodward's range with the launch of two baby care products.

Woodward's Nappy Rash Ointment is a new non-adhesive barrier ointment. It is formulated with natural ingredients for the treatment and protection of nappy rash.

The product contains zinc oxide in a water-resistant base to help protect tender skin from exposure to moisture. It also includes cod liver oil to soothe sore skin and promote healing. It is available in a 50g tube (£1.25), 125g tub (£2.25) and 350g tub (£5.25).

New, too, is Woodward's Baby Chest Rub, which contains soothing menthol and eucalyptus to relieve the symptoms of congestion and nasal catarrh.

Suitable for children and babies over three months, it comes in a 28g jar (£1.75).

Seton Healthcare Group plc.
Tel: 0161 652 2222.

Nursing wipes are home and dry

BFF Nonwovens has introduced a new range of Hycare wet and dry nursing wipes.

Products come in a wide variety of sizes and thicknesses to meet every nursing need.

The range features Aquapure hypoallergenic wet or dry wipes, which are extra soft and absorbent.

It also includes double-size Soft & Dry 'Extra' wipes and 'Ultra' extra thick absorbent wipes.

Purchasers can obtain a free sample and are invited to participate in a clinical trial.

BFF Nonwovens.
Tel: 01278 428500.

Television foothold for Daktarin

Daktarin is being supported by a £2 million national TV campaign.

In-store support includes shelf edgers, a 3D window card and a counter unit.

There is a leaflet on common fungal skin infections for pharmacists.

● A new survey commissioned by Johnson & Johnson MSD shows that 77 per cent of people buy anti-fungal treatments in pharmacies.

Johnson & Johnson MSD Consumer Pharmaceuticals
Tel: 01494 450778.

Preveent giveaway for pharmacies

Australian Bodycare is introducing a special offer for pharmacies in June.

The company is giving away three boxes of Preveent (normally retailing at £5.99 each) to all pharmacies which stock its products.

Each box of Preveent can be given away to any customer interested in trying an alternative for vaginal moisture and fungal infections.

The product is particularly useful for women during the menopause or when taking a course of antibiotics.

Australian Bodycare Ltd.
Tel: 01892 531300.

SMA launches formula for lactose-intolerant babes

SMA Nutrition will be introducing its first infant formula for lactose intolerance on June 2.

SMA LF is a nutritionally complete infant formula which is clinically lactose-free.

The powder is suitable for babies from birth onwards. Retail price is £4.97 per can.

"The product is the preferred option to standard formula when recommending infant feeds after initial treatment of gastro-enteritis," says SMA.

The company believes that 70 per cent of babies who show cow's milk intolerance are lactose intolerant.

John Wyeth Ltd.
Tel: 01628 660633.

ON TV NEXT WEEK

Advil Ibuprofen: C4, Satellite

Bazuka: G, B, Y, TT

Daktarin: GTV, STV, B, G, Y, C, TT, C4, Satellite

Garnier Ambre Solaire: All areas

Garnier Belle Color: All areas

Head & Shoulders: All areas

Ibuleve: S, HTV, M, A, W, U, G

Imodium: All areas

Listerine: C, A, M, LWT, CAR, C4, Satellite

L'Oréal Elvive Revitalising shampoo: All areas

Otex: S, HTV, M, A, W, U, G

Pantene: All areas except GMTV

Pepcid AC: TT

Predictor home pregnancy test: C4, C5, Satellite

Sensodyne toothpaste and mouthrinse: All areas

Solpadeine: All areas except U, C4

Toepedo: C

Wash & Go: All areas

Wella Experience: C4

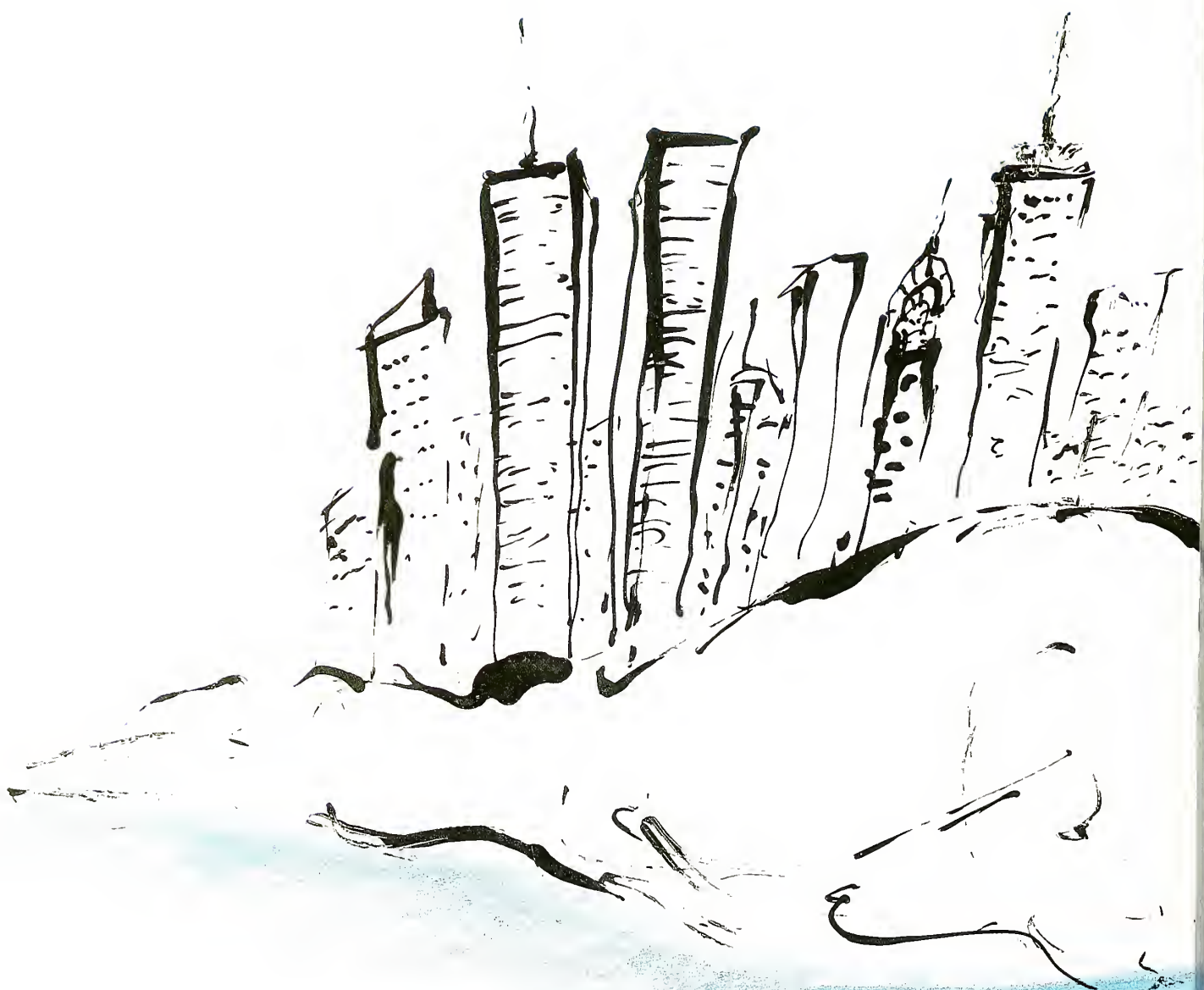
GTV Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, GMTV Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

THE GENTLE GIANTS MEAN BUSINESS

When it comes to gentle giants, Frank Bruno and Sensodyne Gentle Mouthrinse can take on anyone. That's because Sensodyne Gentle Mouthrinse has a low alcohol formulation, for a gentle taste which everyone will appreciate – whether they suffer from sensitivity or not. And with triclosan to help protect gums and fluoride to fight decay, it's ideal for everyday use. So stock up now, because with a £1.4 million TV spend and big Frank's weight behind it, new Sensodyne Gentle Mouthrinse is going to move fast.

STOCK UP NOW – TV WITH BRUNO HITS MAY '97

America found
So we're launching



Sleepia Product Information

Presentation: blue liquid-filled capsules containing Diphenhydramine Hydrochloride Ph.Eur.50mg. **Dosage and Administration:** one softgel capsule 20 minutes befo bedtime. Not recommended for children under 16 years of age. **Uses:** Sleepia is a non habit forming night-time sleep aid for relief of temporary sleep disturbance. **Contra-indicatio** Hypersensitivity to any ingredients in the product, or to other antihistamines. **Warnings and Precautions:** A doctor should be consulted if sle disturbance continues more than 10 days. Sleepia is not recommended during pregnancy or lactation. Use with caution where closed angle glaucoma, urinary retention, asthn prostatic hypertrophy, pyloric obstruction and achalasia of the cardia exist. Sleepia should not be taken concomitantly with monoamine oxidase inhibitors. Sleepia may suppress positive skin t

it's a big yawn over here.

Sleepia™ is a new liquid filled gel capsule that helps restore a natural sleep pattern. And produces a dynamic sales pattern.

Gelcaps have been responsible for driving American sleep aid sales. And by far the biggest selling sleepaid gelcap in the States is Pfizer's.

Now this American brand leader is available in the UK as Sleepia.

It contains that tried and trusted ingredient, diphenhydramine hydrochloride. And, as a gelcap, is easy and pleasant to take.

We're backing Sleepia with a £2 million comprehensive support package that includes an eye-catching £1.5 million nationwide TV campaign.

They're no longer sleepless in Seattle. Now, with Sleepia, your customers need no longer be sleepless in Surbiton, Swansea or Sunderland.

Sleepia

Contains Diphenhydramine

results so should not be taken 72 hours before the test. Treatment with Sleepia is likely to increase the level of drowsiness and affect the ability to drive and use machines. **Side Effects:** Drowsiness, dizziness, weakness and dry mouth, also less frequently faintness, nervousness, headache, blurred vision, urinary and gastrointestinal effects such as constipation or gastro-oesophageal reflux. **Pharmaceutical Precautions:** Store below 25°C in a dry place and protect from light. **Legal Category:** P. **Package Quantity and Cost Price:** 8 capsules: £1.679 (PL 01906/0018). **Marketing Authorisation Holder:** Pfizer Consumer Healthcare, Wilsom Road, Alton, Hants GU34 2TJ. Telephone: 01420 84801. Date of preparation: March 1997

Pfizer Consumer Healthcare

New Enlive flavours

From June 16, Enlive will be available in two new flavours: grapefruit and fruit punch. Basic NHS cost is £42.12 for 27x240ml.
Abbott Laboratories Ltd. Tel: 01795 580303.

Osteoporosis on-line info

The National Osteoporosis Society has launched a new web site for healthcare professionals and the public. Advice and features on osteoporosis are carried in addition to details of National Osteoporosis Week (June 23-29) and World Osteoporosis Day (June 24). It can be reached on http://www.nos.org.uk.
National Osteoporosis Society. Tel: 01761 471771.

Dioctyl solution discontinued

Schwarz Pharma has discontinued Dioctyl Solution (docusate sodium) in both the adult and paediatric formulations. Dioctyl Capsules, available in 100s and an OTC pack of 30, should be recommended instead.
Schwarz Pharma Ltd. Tel: 01494 772071.

Vitiligo explained

The Vitiligo Society has published 'Vitiligo – understanding the loss of skin colour' for sufferers and healthcare professionals. The book provides comprehensive advice, including details of self-tanning products and cosmetic camouflage. Available from:
The Vitiligo Society. Tel: 0171 388 8905.

Ponstan Daypack

Ponstan Capsules 250mg are now available in new patient packs representing one course of treatment. Ponstan Capsules Daypack comes in packs of 42, with a basic NHS price of £3.43.
Elan Pharma Ltd. Tel: 01703 620500.

APS lactulose repacked

APS Berk has repacked Lactulose Solution 500ml in easy to use dispensing bottles. The bottles include easy-grip Braille-embossed, child-resistant closures; wide, anti-glug necks and suregrip handles to facilitate pouring; and slim cross-section to maximise shelf storage.
APS Berk. Tel: 0113 2380099.

Sandrena gel for the menopause

Sandrena is an oestradiol topical gel for the treatment of the symptoms associated with natural or artificial menopause.

Sandrena gel comes in single-dose sachets and in two strengths: 0.5g gel containing 0.5mg oestradiol (28 sachets, basic NHS price $5.95) and 1g gel containing 1mg oestradiol (28, $6.85; 91, $20.55).

The alcohol-based gel can be used continuously or cyclically and the dose can be adjusted from 0.5g to 1.5g gel per day. The usual starting dose is 1g gel daily which can be adjusted after two to three cycles. In women with an intact uterus, it should be combined with progestogen.

The dose should be applied to the lower part of the thigh, alternating between left and right, and must not be applied to the breasts, face or irritated skin. The gel should be allowed to dry and the area must not be washed within an hour.

If a dose is missed, the gel should be applied as soon as possible within the 12 hours. Beyond that time, the dose should be skipped and the next dose applied at the usual time. Breakthrough bleeding may result as a consequence.

Efficacy of the gel in treating the symptoms of the menopause is similar to that of oestrogen taken orally. However, fluctuations in plasma oestrogen concentrations are less pronounced than peroral oestrogen.

Organon Laboratories Ltd. Tel: 01223 423445.

DIY Puregon fertility kit

Women on Puregon fertility therapy can now self-administer injections at home or work, without the need to go to their local fertility clinic.

The patient care kit produced by Organon Laboratories is being supplied free through pharmacies or general practitioners to patients with prescriptions for Puregon. Each kit contains an auto-injector pen, needles, syringes, a sharps disposable box, swabs and a guide on how to use Puregon.

Women can use either a needle and syringe to administer Puregon or the auto-injector pen for simpler and less painful injections. Used needles can be disposed off in the sharps container.

The self-administration kit has been produced to minimise interference to quality of life. Previously, women had to take time off work or interrupt their daily routine to have injections at fertility clinics.

Organon Laboratories Ltd. Tel: 01223 423445.

MEDICAL MATTERS

New anti-depressants to suit all forms of depression

New guidelines on the management of depression in primary care have cited the newer anti-depressants as suitable first-line treatment options for all types of depression.

The guidelines, drawn up by the Neurolink Advisory Board – a primary care multidisciplinary group which includes a pharmacist – suggest that the selective serotonin reuptake inhibitors (SSRIs) and serotonin noradrenaline reuptake inhibitors (SNRIs) are, in fact, as cost-effective as the tricyclics.

The authors argue that, although tricyclics are cheaper, they are often given at sub-therapeutic doses to avoid side-effects which then results in added costs from relapse and non-compliance. The SSRIs and SNRIs, on the other hand, have improved tolerability and safety, and are as effective as the tricyclics.

The guidelines also address the problems of under-diagnosis of depression in the community. Clear-cut symptoms, such as tiredness, agitation and minor physical ailments, are highlighted together with confounding factors that may hinder diagnosis. In addition, management of susceptible patient groups, such as the elderly, adolescents and postnatal women, is also discussed.

Around 90 per cent of cases of depression are treated in the community. However, about half of people with depression are missed by the general practitioner on the first consultation.

Copies of Neurolink Management Guidelines are available from Wyeth Laboratories, which has provided an educational grant, or by phoning the Neurolink Hotline on 0345 023070.

Anti-obesity drugs should be last resort

Anti-obesity drugs should be used only if other methods, such as diet and exercise, have failed, says a new report from the Royal College of Physicians.

They may be justified in adults with a body mass index of 30kg/sq m or more if diet has been unsuccessful in achieving a 10 per cent weight reduction after three months.

The report, 'Overweight and obese patients', says that patients should be monitored carefully while taking anti-obesity drugs.

Diuretics, human chorionic gonadotrophin, amphetamine, dexamphetamine and thyroxine should not be used to achieve weight loss.

The report was produced in response to a request by former health minister Gerald Malone, following concerns raised by the Medicines Commission about inappropriate use of anti-obesity drugs.

APS Berk is pleased to announce a new presentation of Lactulose Solution. The unique 500ml bottle offers safe, sure, secure dispensing. Many features have been incorporated within the new bottle's design. An easy grip child resistant closure braille embossed, easy opening device and braille embossed branding assist safe handling.

Dispensing is made easy with the wide, easy pour, anti-glug neck and suregrip handle.

Shelf space is maximised by the slim cross section whilst stability is assured by a square footprint base.

Manufactured in opaque white... the broad frontage gives a wide panel with clear legible branding and instructions.

A clear visistrip situated on the side allows easy monitoring of the contents.

LACTULOSE 500ml BOTTLE AND OPENING DEVICE

APS BERK
SALES • MARKETING • DISTRIBUTION

APS Berk Sales, Marketing and Distribution • Leeds Business Park
18 Bruntcliffe Way • Morley • Leeds LS27 0JG
Telephone: 0113 238 0099 • Fax: 0113 238 1800

For further details contact your local representative or contact Telesales on

FREEPHONE 0800 590502

Over the past few years, the roles of health professionals and the traditional boundaries of where patients are cared for have become blurred. Roles have been extended into activities long held to be the territory of others.

In hospitals, we have seen nurses take over IV therapy from doctors, pharmacists take on prescribing roles and physiotherapists running cardiac rehabilitation clinics. In the community, we see the beginnings of nurse prescribing, and pharmacists working in GP practices as advisers.

Patients used to have minor ailments managed by the community pharmacist, simple conditions by their GP, and moderate and severe illness by the hospital. GP and pharmacy patients were at home, and hospital patients in hospital, but this is all changing. We have GPs in hospitals, consultants doing clinics in GP surgeries, and patients managed at home for a whole range of serious conditions.

Despite the recent change in Government, these changes will continue. The new NHS will be primary care-led, but will have an increasingly busy high-tech hospital arm, and an enormous variety of care settings. All patients require pharmaceutical care and will benefit from the activities, knowledge and skill of pharmacists.

At this time of change, I have asked three trust chief pharmacists to give their perspectives on an aspect of these changes and the impact on pharmacy practice. Beth Taylor is from Optimum Health Services NHS Trust in south east London, a community health services trust, and she looks at the support required for patients in community care. Dr David Upton works at Glenfield Hospital NHS Trust in Leicester, an acute hospital with a significant proportion of specialist services. He discusses opportunities for hospital pharmacists in the community. Keith Farrar from Wirral Hospital NHS Trust, a busy acute hospital, gazes into the crystal-ball to see what hospital pharmacy will look like in ten years.

Their opinions may make some of us feel uncomfortable. We have the choice: harness the changes to become winners, or have change imposed upon us and suffer the consequences.

Chris Cairns
President, Guild of Hospital Pharmacists

Pharmacy 2010 in the hospital

Keith Farrar, chief pharmaceutical officer at Wirral Hospital NHS Trust, looks ahead

To speculate on the future for hospital pharmacy we need to identify the factors which have most influence on the what and the how of pharmacy practice.

The external environment (and I'm not talking global warming) will obviously have an influence, not only on the future development but on the future survival of hospital pharmacy. However, the biggest influence is likely to be pharmacy itself, or rather the way it is marketed or promoted within the NHS.

Hospital development

It is difficult to second-guess the development of secondary and tertiary care services. Many theories have been proposed about increasing use of cottage hospitals, 'one-stop shop' primary care centres run by, or at least medically staffed by, general medical practitioners (GMPs), and 'hub and spoke' specialist services along the model of Calman cancer centres and units.[1]

What is clear is the lack of information or evidence to support the change process.

The declining need for general hospitals has been postulated from the figures generated by the internal market. Rising numbers of day case operations, falling waiting times and greater patient throughput from a falling number of NHS beds have fuelled the speculation for changes in current hospital provision.

But how much of this speculation is 'evidence-based'? How many of the figures are real? How many patient episodes are repeats due to premature discharge? And, finally, how many GPs are left to solve the complications of day cases which didn't go entirely to plan?

Great changes in the provision of hospital services have been predicted, but I believe that, like Mark Twain, the reports of the demise of the district general hospital may have been greatly exaggerated!

Some change, however, is both necessary and desirable, and although the apocalypse may not be just around the corner, hospitals as we currently know them will change.

But what of pharmacy? There are two ways for pharmacy to develop:

- in tandem with the development of hospitals
- independently, developing pharmacy services strategically to meet the changing care needs of the catchment population, providing services to the hospital patients wherever they may be.

Developing pharmacy

If we examine the core functions of the pharmacy department, we find that they are all concerned with patients and medicines.

Pharmacy's role is to maximise the benefits which patients obtain from medicines, minimise the risk posed to patients from medicines, contain cost, so that most effective use is made of scarce NHS resources, and ensure that the patient's voice, in respect to the use of medicines in each individual case, is both heard and listened to[2].

The hospital pharmacy of the future will have built on the strengths of the present, with one great difference: it will no longer be constrained by the walls of the institution.

Already we have examples of 'hospital at home', which have been with us for some time, but apart from disjointed sojourns into the great outdoors, such as provision of 'High Tech Healthcare' outlined in EL(95)5[3], pharmacy has restrained itself from venturing beyond the walls.

There are many drivers for change and many ways in which hospital pharmacy must change. There will be an extension of role, from adviser and manager of medicines to prescriber and manager, as part of a multi-disciplinary team.

The role as patient educator will increase, although this, as with so many of our traditional roles, will be massively affected by information technology and automation. Anyone who has experienced the electronic encyclopaediae now available on CD-ROM should realise that the opportunities for advice provision, either to prescribers at the

point of prescribing, or to patients in the hospital or at home, are immense.

Pharmacists will need to identify the opportunities that such changes present rather than bemoaning the loss of traditional roles. Pharmacy needs to break free of the confines of the hospital. For the profession to continue, never mind thrive, pharmaceutical care must come to the High Street.

There are 23,000 pharmacists in primary care and only 5,500 in hospitals. Around £600 million is spent on drugs in Hospital and Community Health Services, but closer to £6,000m in primary care.

Naturally, the focus of NHS management is on primary care drug expenditure, and yet the control and influence exerted by pharmacists in primary care does not compare with that in hospital.

There are rich pickings for pharmaceutical care beyond the confines of the hospital. Nursing homes could be considered 'core business' by hospital pharmacists as they are an obvious extension of existing services provided within the hospital boundary.

Prescribing advice to GPs is another logical area of extension which has already been piloted in Scotland[1], and such services are already offered on a contract basis by pharmacists who have

gleaned their clinical skills in a hospital setting.

Not all of these developments need be at the expense of community colleagues. Collaboration on GP advice, with training provided across the interface, is a real possibility. Training of practice-based pharmacists could mirror the GP vocational training system, with formal rotation between hospital and community practice of joint posts.

Disease management

Money will continue as a big influence on the future development of healthcare. This is not a negative issue for pharmacy, despite the financial pressures experienced by pharmacy managers of today.

Although it will be vital to be able to demonstrate that pharmacy services are both efficient and effective, the greater proportion of costs are involved in delivering care, and pharmacy services are orientated around maximising the benefit from such investments.

The financial issue will also drive innovation. Changes in the way care is delivered to patients is inevitable and new partners in the care process will evolve. These partners will be healthcare organisations whose strengths lie in areas of traditional weakness for the current NHS:

- flexibility of investment
- long-term strategic planning
- the ability to co-ordinate health expenditure across different areas of budgetary responsibility – for example, primary and secondary care as well as community care provided by social services.

There are endless opportunities for hospital pharmacy. The example of pharmaceutical advisers clearly demonstrated pharmacists' ability to deliver the goods. Our biggest barrier lies in convincing not others but ourselves!

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This woman has chronic hand eczema. But now she needn't use soap.

Soaps can play havoc with dry skin. That's why an emollient soap-substitute like non-drying E45 Wash, is so important. Dermatologists recommend E45 Wash as especially suitable for washing chronic hand eczema.[1] In fact, E45 Wash does not cause an increase in hand dryness or skin surface pH.[2,3] And, patients preferred it over emulsifying ointment.[4] What's more, E45 Wash is now available in a new 250ml size - ideal for prescribing. That's why she uses E45 Wash.

The non-drying soap-substitute

Prescribing Information
E45 Emollient Wash cream
Further information is available on request from Crookes Healthcare Ltd, Nottingham NG2 3AA.
Legal category: ACBS.
Date of preparation: February 1997.

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DERMATOLOGICAL E45 Complete Emollient Therapy

Bridging the gap

Beth Taylor, pharmacy manager for Optimum Health Services NHS Trust and regional principal pharmacist, community services, South Thames, looks at what might make healthy alliances for pharmacists

If I were asked to design a pharmacy service for the future in the community, would I want to start from here? It can be very liberating to do it the other way round, and start strictly from a consumer's perspective.

Imagine that, starting with a blank piece of paper, you could propose ways in which people could access and use medicines safely in the 21st century.

Would you suggest 'one-stop shopping', where all health services are under one roof? Or would you envisage IT solutions where, after seeing a doctor, you swipe a smart card through a reader and all the necessary medication (and information) is delivered to your home?

What role would pharmacists play in your scenario, and where are they based? How does your ideal service match the present one?

If this exercise makes you feel uncomfortable, then you are not alone. The recent White Papers on primary care have signalled imaginative changes, and the themes outlined are likely to be continued by the new Labour administration.

These include the working party on the prescribing and supply of medicines. This group has been asked to consider possible new roles for health professionals, and the implications for legislation and professional training.

Both pharmacists and medicines are prominent in this review. The message appears to be that some of the traditional barriers and NHS regulations which we have lived with for so long are beginning to break down.

We are not the only ones affected: the proposals affect GPs, nurses and many other professional groups.

Let's focus in particular on the growing number of people who need what is termed 'intermediate care' – health and social care provided outside of acute hospitals in care homes, or in people's own homes.

This sector is expanding rapidly, mostly in the private sector. Patients will still need their medicines supplied or dispensed wherever they are cared for, but there will be growing demands for pharmacy support from the organisations that provide this care.

These include nursing and residential care homes, social services providers, such as home care agencies, and individual GP practices (as distinct from their patient populations). The list could be extended to all other agencies which employ staff who are involved with the prescribing or use of medicines.

The skills, knowledge and resources needed by pharmacists to develop support for these *organisations* in the future may be quite different from those required to provide services for *patients* (the focus at present).

The tools we need to do these jobs are not always found on a dispensing bench. They include access to:

- comprehensive drug information services
- robust links to specialist pharmacy services in the community and local hospitals
- sophisticated IT facilities to produce a high standard of written materials; including word processing, presentations, spreadsheets and data analysis
- equipment and other resources for delivering training
- a detailed knowledge of the local health and social care services.

Community pharmacy should have the advantage of strong existing local networks but also the inherent weaknesses of very small organisations.

If we look at other professions facing similar issues, how do they access the back-up they need? Most GPs practise in groups and receive support from their health authority. Community nurses have access to considerable support from the trust that employs them; and both can call on specialist community services within their own professions when needed.

Where do pharmacists in the community go for support? The National Pharmaceutical Association is one option, but do we have anything like the services available to the GPs and community nurses?

In fact, do we all have established right of access to specialist support such as drug information, IT, training resources, etc? Is it fair to expect pharmacists to develop these new roles supporting organisations and patients without corresponding changes in pharmacy infrastructures?

If, for instance, we are to support people adequately after leaving hospital, how can we do so without guaranteed access to their discharge summaries and care plans?

We are entering an era where all sorts of opportunities could be opening up for pharmacists. The problem is that these are happening before the necessary changes in our working practices have taken place.

Realistically, two-pharmacist pharmacies are unlikely to spring up overnight, so we need to consider some imaginative links between pharmacists working in different branches of the profession – hospital, community, industry.

Single-handed practitioners, as we know, are inherently disadvantaged when competing with the back-up and resources available to large organisations. Where community pharmacies combine, they still may not invest in the ways we have discussed above, or release pharmacists to take up new professional opportunities.

The solution to this must lie in local alliances between 'leading edge' community pharmacists, pharmacists in community and hospital trusts, and GP practices. Planned, formal access to specialist pharmacists with skills in mental health, paediatrics, care of the elderly and community care are also going to be necessary in this next phase of health service development.

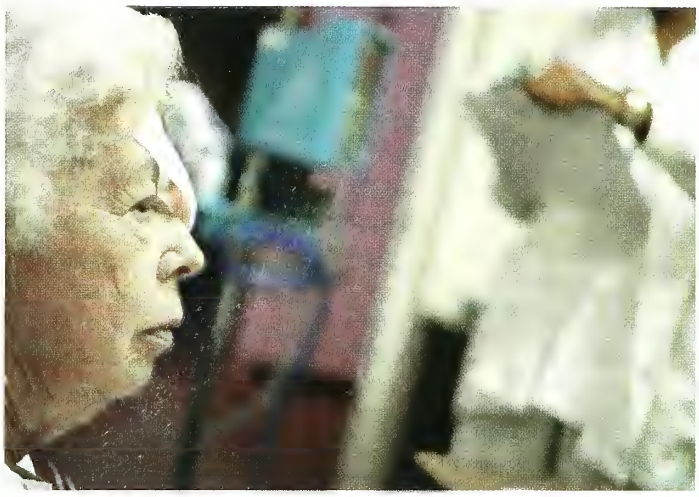
Resources needed by practice pharmacists, such as training materials, IT, etc, could be shared through novel service agreements. Health authorities may facilitate this, but as with the primary care pilot schemes, it's those at the sharp end who must come up with new proposals.

Any ideas?

Type of organisation	Pharmacy support needs
Residential or nursing care home	Staff training, regular clinical reviews, management of repeat prescribing process
Social care agencies employing staff administering medicines, eg home helps	Preparation of guidelines on safe practice with medicines; staff training
NHS Community Trusts employing community nurses	Professional support to nurse prescribers and other community nurses; drug information; development of treatment protocols
GP practice staff – GPs, practice nurses, practice managers	Practice-specific treatment guidelines and protocols; training of practice staff; management of prescribing budgets

Is there a role for hospital pharmacy in primary care?

Dr David Upton, from Glenfield Hospital NHS Trust in Leicester, argues that hospital pharmacists are better qualified to take on those additional roles that their community colleagues are looking at



All the signs indicate that the drive towards a primary care-led NHS will continue under the new Government. This emphasis on treating patients in their home locality, rather than admitting them to hospital, has created a need for a new breed of clinical pharmacist that I believe can only be provided by the hospital service.

Clinical partnership

More and more general practitioners are coming to recognise the value of clinical pharmacy input to their prescribing, and increasing numbers of practices are employing pharmacists, or even taking them on in the position of full partners.

Pharmacists have demonstrated their ability to educate prescribers, compile practice formularies, rationalise repeat prescribing and devise clinical guidelines. The economic advantages that spin off from these activities strongly support the value added benefits of this new role for clinical pharmacy.

In addition, workload pressure on GPs is increasing to such an extent that they are now forced to examine carefully the amount of time that they spend on tasks that could be performed equally effectively by non-medical healthcare professionals.

Examples such as the proposed transfer of anticoagulant care into the primary care setting present golden opportunities for pharmacists to lead clinics and assume prescribing responsibility for warfarin dosing. However, I fear that this potential role for the pharmacist may be lost to nursing in this skill mix review exercise due to the lack of suitable candidates.

Health authorities employ insufficient pharmacists as prescribing advisers and, with the best will possible, I do not believe that there are adequate numbers of community pharmacists with the motivation, the necessary clinical experience and, perhaps most crucial of all, the time available to fulfil this role.

In addition, despite recent encouraging noises, the profession and Government have yet to resolve the conflict of interest experienced by community pharmacists dependent on prescription numbers for income, when tasked with a role aimed at rationalising prescribing.

Stronger links between prescribing and dispensing roles may raise the same ethical questions that many of us ask of GP dispensing practices.

Most young GPs have worked alongside clinical pharmacists during their house jobs, and many tell me that they miss the support that they had become accustomed to in hospital. It is these same individuals who are now indicating that they wish to have a hospital pharmacist working with them.

It remains NHS policy to promote the involvement of community pharmacists with their medical colleagues, and I would always support that, but there are certain advantages for a hospital-based practitioner working in the community.

Few GPs have the funding to employ a pharmacist on a full-, or even half-time basis, but hospital pharmacy managers may be in a position to 'sell' clinical pharmacist time to neighbouring practices on a sessional basis.

These pharmacists will be experienced in medicines management and will have sufficient clinical experience, often supported by a postgraduate qualification, to give them the confidence to challenge inappropriate prescribing practice.

Time spent in the community can only be good experience for these individuals, and it can lead to a greater appreciation of problems from both sides of the primary/secondary care interface.

The clinical pharmacist can act as a valuable channel of communication between the hospital trust and healthcare purchasers, particularly in areas such as admission and discharge. They will also ensure effective communication between the GP, the hospital and the community pharmacist.

Other areas of expertise which I believe GPs will be willing to purchase include the managed introduction of new pharmaceuticals (which has long been an issue in hospitals), provision of drug information to counterbalance drug representatives' presentations, and experience in clinical audit.

Risk management

In recent years, hospital pharmacists have adopted the position that they are responsible for the medication process and the safety thereof, and that the responsibility does not cease with the supply of a product.

In dealing with an increasingly aware and litigious public, GPs will require substantial support in risk managing their prescribing. We are all aware of the errors that can occur at the care interface when the intentions of one set of clinicians are misinterpreted by the other.

Mistakes also occur in interpretation of generic prescribing from hospital, particularly when clinicians then use trade names in discharge summaries and outpatient consultation letters.

The hospital-based pharmacist is in the unique position to identify and resolve areas of risk in the medication process and, by working on both sides of the interface, can effectively ensure the safety of patients as they pass between primary and secondary care.

Home therapy

The provision of therapy in the patient's home is a specialist subject in its own right and will not be explored in fine detail here. However, the benefits of avoiding the hotel costs to the taxpayer and risks of hospital-acquired infection to the patient are obvious, and chronic disease states which require intermittent therapy, such as cystic fibrosis, will increasingly be treated at home.

The hospital pharmacist will have a crucial role in developing outreach services to provide therapy by intravenous or subcutaneous infusion, or by nebulisation. The funding to provide these services urgently requires attention, particularly the mechanism for supplying the infusion equipment necessary, but once these obstacles are resolved hospital pharmacists should be marketing their infusion therapy skills, perhaps in competition with managed care providers, in the home care arena.

In conclusion

It remains for hospital pharmacy managers to link with their local GPs and market the services available.

We will all need to be creative in our use of manpower resources, but once past the pilot stage it is not beyond the realms of possibility that each hospital clinical pharmacist will also be responsible for one or two local GP practices.

That would form a major step towards our goal of seamless pharmaceutical care.

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Prescribing issues for the HAs

In the second of a two-part series, Ian Carruthers, chief executive of Dorset Health Authority, looks at prescribing issues facing health authorities and their future relationship with the pharmaceutical industry

Prescribing will be a key priority for health authorities during the next few years. Unified HAs are in a position to address prescribing as an issue that affects the provision of health services across primary and secondary care, and resolve a number of the problems which arise at the primary/secondary care interface.

Their unified health strategies, purchasing plans and management structures will support prescribing through integration within each of the core functions involving:

- planning, through
  1 development of strategies
  2 setting out national and local priorities
  3 inclusion of targets and priorities to be addressed within corporate contracts
- public health, through integration of prescribing within
  1 value for money initiatives
  2 development of evidence-based guidelines
  3 local programmes to promote clinical effectiveness
  4 clinical audit
  5 health economic assessments
- developing the contracting process to deliver improvements in the quality and cost-effectiveness of prescribing
- inclusion of prescribing within the performance monitoring process, both at health authority and practice/trust level.

We need to look carefully at the way in which new drug developments that offer significant health gain and value for money are introduced.

The development of new drugs and formulations giving significant benefit to patients with chronic disease – particularly in areas where effective drug treatment has not previously existed – are to be welcomed.

However, the potential effect on prescribing strategies and budgets of significant new drugs is often only too apparent. Their introduction into the prescribing regime needs to be carefully managed if control is to be maintained and maximum health gain and value for money achieved. What measures can be introduced to facilitate this?

In the first instance, the emphasis needs to be placed on planning. Authorities need to establish 'early warning' mechanisms by drawing on drug information networks, linking with local research and ethics committees, and local clinicians. More pre-launch information is becoming available from pharmaceutical companies, but there is often insufficient time to assess the likely impact locally.

A thorough evaluation to assess health gain and benefits over existing treatments or alternative therapeutic interventions needs to be carried out. This must include economic evaluation highlighting implications for both primary and secondary care. Local drug and therapeutics' committees have a major contribution to offer here in reviewing these factors. Authorities should also consider a referral to their regional development and evaluation committee or its equivalent. The balance between clinical freedom and the need for corporate responsibility in managing growth and investment in prescribing also has to be looked at.

Despite initial scepticism, there is now little doubt that clinical practice guidelines have the potential to improve patient care and should ultimately achieve health gain. Developing guidelines for drug use and, where applicable, arrangements for shared care are further measures open to HAs in managing the introduction of new drugs and ensuring their optimal use. It is essential to ensure the guidelines are monitored and evaluated; the arrangements for monitoring and audit should be clearly defined.

Providers should be encouraged to include new drug developments within business plans, and purchasing agreements should be negotiated within the contracting process. Authorities should also consider risk management issues in relation to new drug developments in-year.

The impact of 'local trials' of new drug developments needs to be assessed by secondary care clinicians. Can this provide additional evidence? What is the impact on primary care? We must be aware of the activity of industry in getting new drugs introduced through secondary care and the impact of this on prescribing budgets in both secondary and primary care.

Health authorities will need to work with fundholders, and whatever succeeds them, as co-purchasers in prescribing, through development of purchasing alliances and joint purchasing strategies.

Developments in IT will also impact on prescribing. Already we are seeing the development of decision support systems for prescribing through initiatives such as Prodigy, now entering its second phase. It is likely that we will see further development and refinement of systems which provide support to GPs and clinicians at the point of prescribing.

Industry

The last theme concerns future relationships with the pharmaceutical industry.

In relation to disease management, we need to explore whether possible partnerships with the pharmaceutical industry and other private sector service providers may lead to improved services for patients. Arrangements would need to demonstrate:

- that patients' interests have been fully taken into account
- that potential conflicts of interest have been identified and resolved
- that there is accountability and transparency
- value for money.

Development of partnerships may provide opportunities to optimise and personalise the care that patients receive in a way that is cost-effective for the health service and in the interest of companies for maintaining or enhancing their market position.

In any such arrangement, we need to keep in mind the responsibility that private sector providers have to answer to shareholders, which will increasingly fuel demand.

There are some interesting and challenging issues to be tackled in relation to development of community pharmaceutical services, prescribing and possible future partnerships with the pharmaceutical industry. Much has been achieved, more can be – and exchange of views to further mutual aspirations must be encouraged wherever possible.

Struck off for drug substitution

A north London pharmacist who substituted medicines on prescriptions was struck off the Register last week.

Superintendent pharmacist Sheetal Parmar, of Edgware, was employed by David Brentmead in Willesden until her sacking for substituting prescriptions ordered by GPs, the Royal Pharmaceutical Society's Statutory Committee heard. The hearing had been previously adjourned.

The Committee ruled that Mrs Parmar was unfit to remain on the Register because of four separate incidents of substituting prescriptions, allowing the pharmacy to be unsupervised between 3.00pm and 6.00pm every Saturday and not being a director – contrary to the 1968 Medicines Act.

Committee chairman Gary Flather QC said the four substituting incidents were by far the most serious, particularly as one of the medicines was for epilepsy.

Mrs Parmar was also criticised for not ensuring there was qualified cover at the pharmacy for the last three hours of trading every Saturday. "It is her job to find out these things, the management of the premises is hers, she can't blame anyone else because she took on the job of being superintendent pharmacist," he said.

The final charge was a technical count under the Medicines Act, which demands the superintendent pharmacist must be a director of the company if it is to describe itself as a 'chemist'.

The company, owned by Dinker Patel, was reprimanded for the same technical breach and for one occasion when Mr Patel, who is not a qualified pharmacist, dispensed antibiotics.

"We do not think the company was aware substitution was going on, but it provided a backcloth in stressing the need for competitiveness and to do nothing to slow the flow of profits," commented Mr Flather.

Earlier Mrs Parmar's lawyer, Patrick McGrath, told the Committee: "She has not contested these allegations and has accepted her responsibilities for her actions. She seeks not to excuse but to explain what she has done. Mrs Parmar was a recently-qualified and inexperienced pharmacist and was taking on quite an onerous task. She was not perhaps as assertive as she should have been."

Korsner still 'marking time'

A north London pharmacist claimed his professional life had "come to a complete standstill" since allegations of irregular prescribing were made against him.

Adrian Korsner told the Statutory Committee that he had always prided himself as being "professional and trailblazing" in pharmacy. Since the police, a health service committee and the Society had started investigating him, however, he had been "marking time, doing absolutely nothing, for two and a half years". The effect on his work could be seen by the vastly increased amount of money he was having to spend on locums for his pharmacy, trading as Brand Russell Chemist.

The police had decided to take no action against him and he was appealing against a decision made against him by the health service committee, but the investigation had caused him "severe mental stress".

Mr Korsner is accused of signing patients' signatures on NHS prescriptions, supplying medicines not in accordance with emergency supply regulations, and claiming for medicines he had not supplied to patients.

The Committee had heard evidence at an earlier hearing that patients would be provided with medication by him at his pharmacy – sometimes without ever seeing their doctor. Mr Korsner told the resumed hearing that he might have made mistakes, but he had not done anything deliberately wrong.

Cross-examined by Society solicitor Josselyn Hill, Mr Korsner said it was "inconceivable" that he had seen some of the patients every time they came to his pharmacy, as they had claimed, since he was away, on average three days a week, working on various committees.

Mr Korsner said he did not agree with claims that he had been prescribing medicines without patients ever coming into contact with a doctor. He admitted that on occasions in the past he had signed patients' names on the back of prescriptions himself – although he did not do so now. He totally denied ever adding extra drugs, which were then never dispensed, onto any of the prescriptions.

The hearing was adjourned with a new date yet to be fixed.

Croydon passport fraudster restored to Register after three-year wait

A pharmacist struck off for passport fraud three years ago has been restored to the profession.

Oliver Babatunde Dalley of Croydon was fined £700 plus £100 costs at Horseferry Road Magistrates Court in 1993, after being convicted of dishonestly obtaining a passport.

Mr Dalley told the Committee that he had remained up to date with pharmaceutical practices and had part-completed a Masters Course in pharmaceutical medicine at the University of Surrey. He was told that he would be restored to the Register on condition he submitted his Return to Practice Certificate, plus a letter from a pharmacist happy with his ability to practise.

Restoration bid by Scottish pharmacist deemed 'non-starter'

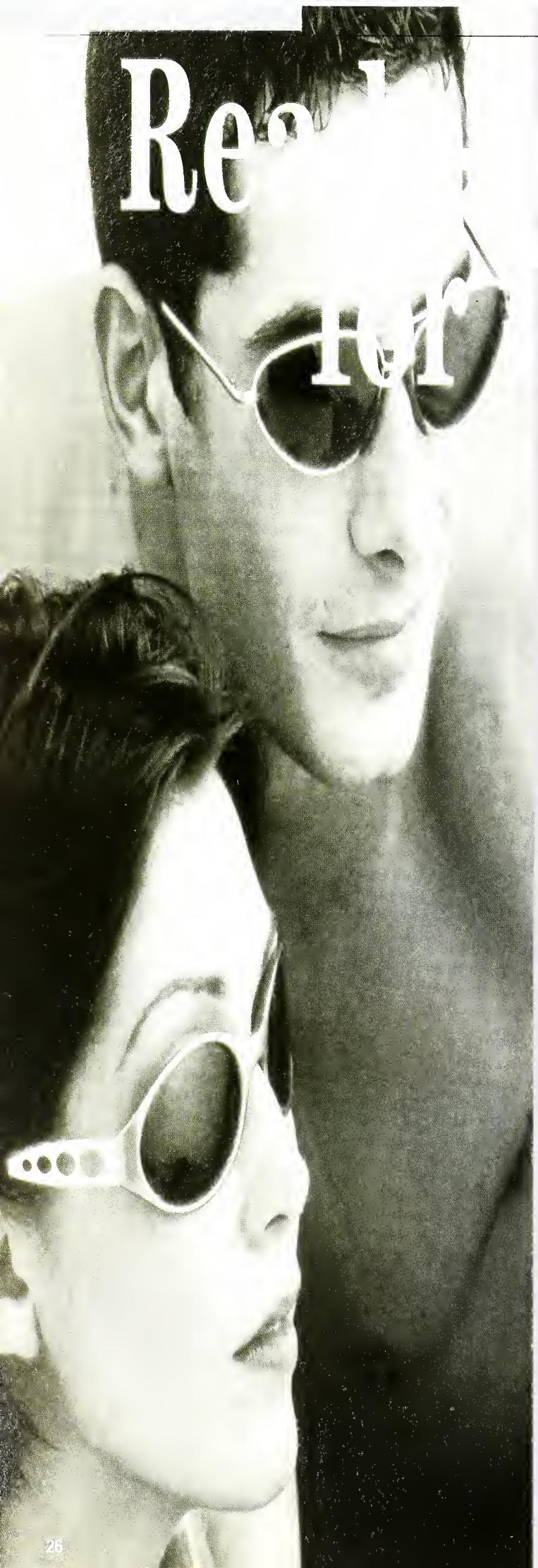
A Scottish pharmacist applying for restoration to the Register only seven months after finally being struck off for a series of misconduct offences was told last week that his bid to return to practice was "a non-starter".

Moses Kungu, of Lockerbie, Dumfriesshire, had appealed to the Court of Sessions against a decision to strike him off, made by the Royal Pharmaceutical Society only in the September of last year, after being refused legal aid.

Mr Kungu owned three pharmacies trading as Laidlaws Pharmacy in Lockerbie, Eastriggs and Kirkconnel.

Announcing the rejection of the application without hearing any evidence, Committee chairman Gary Flather QC said that to reinstate him to the Register after only seven months would be "an affront and was a non-starter".

Mr Kungu, pleading unsuccessfully for the case to be heard, said he had been close to suicide after being struck off and faced imminent bankruptcy.



Re... for ... made sight... ading eye...

Presbyopia affects nearly 25 million people in the UK and this number is expected to increase as the population ages and lives longer, says Adrienne de Mont

The market for reading glasses is believed to be growing at about 25 per cent a year. Direct Perception's Peter Philips comments that it is hard to quantify how much of the company's own rise in sales is due to increasing public awareness, the increasing age of the population or the fact that its market share is growing.

"Certainly the public is more confident now, and even more cautious people are realising the benefits of having ready-mades as additional pairs," says Mr Philips. Another benefit for retailers is that designs have a long lifecycle and are not seasonal like sunglasses.

Eyecare Products UK points out that once someone has started buying reading glasses, they will change them for a stronger dioptre once every two to three years. And because reading glasses are good value for money, retailing at under £20, consumers can buy more than one pair to keep handy wherever they are needed.

Eyecare Products predicts that the present £18 million market could double over the next few years, with consumers showing increased loyalty to recognised brands. The company claims a share of about 30 per cent in the non-optical sector, with the Foster Grant, Readi-read and Magnivision ranges.

Maddox Health and Beauty, which distributes mainly to independent pharmacies, confirms a rapid growth over the past few years and expects this to continue – but at a slower pace.

Ranges

Eyecare Products has packages tailored to the retailer's needs, offering a 50 per cent return, with free display units and consumer leaflets. There are 28 styles and accessories. All glasses have a scratch-resistant coating, conform to British Standards and are covered by a 12-month guarantee. There are four styles of bifocals with UV filters for people who wish to read in the sun.

Direct Perception's range retails from £2.98 to £10.98 and requires only six powers to be stocked per model. Says Mr Philips: "Many pharmacists have now had the chance to find out for themselves that by stocking a nine-power system they increase their stockholding by 50 per cent for no extra sales benefit."

Maddox Health and Beauty has 30 styles, available in the nine most popular strengths and retailing from £2.99 to £9.99. Starter packs are available from £99, with low re-order levels.

Merchandising tips for reading glasses (from Eyecare Products)

Incorporate your stand into the overall design of your store, ensuring there is enough space for customers to view and try on the entire range.

Reading glasses enjoy year-round sales and can attract additional customers into a pharmacy, so establish a permanent site that is easily noticeable.

Position the stand near essential pharmacy items that people of this age group buy regularly.

Keep the stand well stocked with a range of styles, accessories and leaflets.

Understand your customers and stock styles that will appeal to their tastes.

Direct Perception recently introduced Superspecs Rx, a prescription spectacles glazing service

customer bringing in a prescription chooses a frame and the pharmacist decides whether the frame is suitable by checking the power range, and taking head and eye width measurements. The frame and copy of the prescription are sent to Direct Perception and the finished spectacles are returned in one to two weeks.

A complete package, including training and technical support, costs £265. For this, pharmacists receive a video and manual showing how to interpret prescriptions, measure and fit frames, and make simple frame adjustments. There is a helpline with technical experts on hand.

The package includes 30 spectacle frames, ranging in price from £19.99-£49.99, with a display stand and window poster advertising the service. Opticians are likely to charge two or three times more, says Direct Perception's Peter Philips, who adds that *Which?* magazine recently encouraged consumers to shop around for their glasses.

Also included are sample tints for lenses, and tools for taking measurements and making minor adjustments. Most frame adjustments will have already been done by the laboratory.

"We give our stockists strong technical support in order to help them while they are gaining confidence," he says. He is convinced that the market will grow, like the ready-made reading glasses market, as pharmacists and the public become more familiar with the new service.

Asked if he thought pharmacists might be reluctant to encroach on another professional's territory, he says: "Opticians felt that sunglasses, reading glasses and contact lens solutions were their province at one time. But the overall eye care scene is in constant flux."

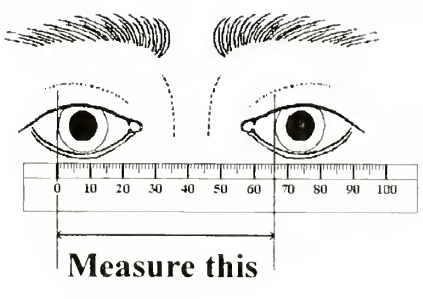
Optometrists are moving away from a supply role towards shared care with the medical profession in terms of diagnosing and monitoring specific patients, such as those with diabetes, he says. The situation with prescription spectacles could be similar to that with reading glasses, where non-optical retailers were hesitant at first but distribution is now widespread.

He admits, however, that prescription spectacles need "more than a sales assistant, but are definitely within the technical ability of a pharmacist".

The package comes with practice frames so pharmacists can experiment first on family and friends. The fairly lengthy turnround time enables several safety checks to be built into the procedure, so that pharmacists can produce a professional job.

"We want to hold the pharmacist's hand during the learning process," he explains.

The system can be taken on a 120-day trial and returned for a £25 administration charge if the pharmacist decides against it.



An illustration from Direct Perception's training manual showing how to take the distance between the pupil centres for correct positioning of the lenses. In this example the pupillary distance is 66mm

Eye to eye contact

This year is likely to see more contact lens wearers and more high-profile promotions for both lenses and lens care products

Contact lenses are now worn by about three million people in the UK. Almost eight in ten go for soft lenses, including disposables. Allergan attributes the increase to the fact that lenses have become cheaper and, with the introduction of multi-purpose solutions, easier to use. The contact lens care market grew 11 per cent during the past year, to £124.8 million at rsp. New products, such as Revive and Lens Plus Purite, have also brought extra interest and value to the market, says the company.

The pharmacy sector, where Allergan claims a 50 per cent share, accounts for one-third of the total lens care market. The split between retailers has been fairly stable, with supermarkets accounting for less than 10 per cent and opticians around 55 per cent. Recent market growth has been in newer products sold only through professional outlets.

More than 65 per cent of new users choose disposable lenses. Because one-bottle solutions are ideal for disposables, this sector has grown 23 per cent in pharmacies in a year, with Complete leading the way.

Oxysept continues to dominate the oxidative segment with a 53 per cent share. Group product manager Amanda Byrne believes pharmacy staff have an important role in encouraging contact lens wearers to look after their lenses correctly. A recent survey showed that many people do not comply with lens care advice. Almost half admitted that in an emergency they used tap water, saliva or something else to clean their lenses. Two even confessed to using washing up liquid and lemonade.

Ms Byrne says: "It is clear that contact lens wearers need as much help and support as we can give to encourage compliance."

The survey was carried out before recent publicity on the risks of acanthamoeba keratitis. This condition affects about four in a million contact lens wearers and is nearly always caused by inadequate cleaning of lenses and their storage cases. Allergan has not yet seen any impact on sales as a result, but Ms Byrne says the publicity highlighted the important role eye care professionals play in preventing complications.

"It will only have done good in persuading consumers to think twice before they cut corners with eye care."

She points out that products such as Complete help compliance because each pack includes a new case and the solution can be used instead of tap water for rinsing the case.

Educational material includes a guide to lens care, 'You and your contact lenses', and a leaflet, 'Give your eyes a break', which includes advice about eye care on holiday. New POS literature is available for Revive eye drops. A fact sheet advises on how correct cleaning can protect against acanthamoeba keratitis.

The literature is available free from Communications Management PR, Calverton House, 2 Harpenden Road, St Albans AL3 5AB.

Allergan brands account for half pharmacy sales in lens care

Bausch & Lomb claims to dominate the total market for rigid gas permeable lens solutions, with nearly 70 per cent share. Renu, which is distributed mainly through opticians, is the market leader in one-bottle soft lens solutions.

Distributor Carter-Wallace introduced three new products to pharmacies in April. Easysept, the first Bausch & Lomb one-step peroxide system, has a lens case with integral platinum disc for effective disinfection and safe neutralisation. Elite and Advance offer a new lens care regime for high-performance rigid gas permeable lenses. POS material is available.

Not a dry eye in the house

Over three million people suffer from dry eyes, and it is believed that a quarter of all ophthalmic disorders are dry eye complaints

The dry eye sector has been one of the most active in recent months. When Optrex launched its Dry Eye Therapy eye drops in April last year, the aim was to expand the eye care market in general. Research had shown that over half the sufferers questioned were unaware that dry eye remedies existed.

Now, according to Chauvin Pharmaceuticals, the total market is worth nearly £8 million and grew by 18 per cent last year. There is still a bias towards prescription use, but OTC products account for about 40 per cent of sales.

The condition mostly affects 45-65-year-olds, and particularly women, so market growth is coming from an increased awareness among menopausal and post-menopausal women, says Chauvin's group product manager, Pankaj Oza. There is also increasing interest among younger people who sit in front of VDUs in air-conditioned offices all day, and find that dry eye preparations offer better relief than eye washes.

Chauvin is supporting Gel Tears with a trade bonus. There is an education pack for pharmacists and their assistants and leaflets for patients.

Alcon Laboratories UK has just launched Lubri-tears, a preservative-free ointment for night-time use, containing white soft paraffin, liquid paraffin and wool fat. It joins Tears Naturale, a less viscous preparation, which has properties similar to natural tears and provides relief without interfering with visual acuity.

The company believes the market is growing quickly due to climatic conditions, air conditioning and pollutants. Alcon's products are being promoted with special deals to hospital pharmacists, which are expected to have spin-offs for the community sector as patients start buying OTC treatments for less than the prescription charge.

Ciba Vision has introduced Vitaleyes eye wash, following the successful launch of Vitaleyes moisturising eyedrops. The eye wash combines a gentle cleansing solution with lavender and orange flower (ten 10ml vials with eye bath, £3.49). A £1 million poster and press campaign is backed by sampling, a consumer helpline, public relations and educational support material. Trade enquiries should be addressed to Ceuta Healthcare on 01202 780558

OTC market

The total OTC eye care market was relatively static last year at around £18.5m-£20m. Optrex, which claims 70 per cent of the sector, says 87 per cent of sales are through pharmacies. Supplies of two Optrex consumer leaflets, covering hayfever and dry eye conditions, are available from Crookes Healthcare, PO Box 57, Nottingham NG7 2LJ.

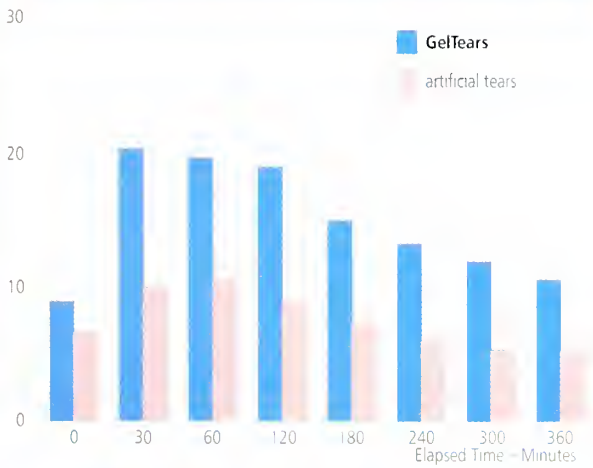
Despite the static market, Typharm says Golden Eye products grew 28 per cent last year. A year-round radio campaign started in April with Trent FM and will target several areas of the UK. It will be supported with national press advertising and pharmacy staff competitions. Special offers, POS material and patient information leaflets on eye care are available to independents through J Pickles of Knaresborough.

GelTears Carbomer 940

Sustained relief from Dry Eye with just 3-4 drops a day

GelTears – a new gel-based artificial tear – the enhanced viscosity of gels provides a contact time of *up to 7 times* that of PVA artificial tears.[1]

Comparative augmentation of Tear Break-Up Time[2]



ABRIDGED PRESCRIBING INFORMATION

Presentation: Clear, colourless gel containing 0.2% w/w Carbomer 940 with benzalkonium chloride 0.01% w/w as preservative. **Uses:** Substitution of tear fluid in the management of dry eye conditions and in unstable tear film. **Dosage and Administration:** *Adults (including the elderly) and children:* One drop instilled into the conjunctival fold of each affected eye 3-4 times daily or as required, depending on the degree of discomfort. **Contra-indications:** Patients with known hypersensitivity to any component of the preparation. **Special Warnings and Precautions for Use:** Contact lenses should be removed during treatment with GelTears. **Side Effects:** Corneal irritation may occur with prolonged use. Transient blurring of vision on instillation. **Drug Interactions:** No significant interactions have been reported. **Pregnancy & Lactation:** Safety for use in pregnancy and lactation has not been established. **Product Licence No.:** PL0033/0149. **Marketing Authorisation Holder:** Chauvin Pharmaceuticals Ltd, Ashton Road, Harold Hill, Romford, Essex RM3 8SL. **Basic NHS Price:** £2.90. **Legal Category:** P. **Date of Preparation:** August 1996.

Reference: 1. Marquardt R, Christ Th (1986) Corneal Contact Time of Artificial Tear Solutions. *Klin Mbl Augenheilk* **189**: 254-257.
2. Menezes R *et al* (1988) Dry Eye Syndrome – a New Eye Gel Treatment. *Annales de Ophtalmologie* **119** (12): 1313-1324.
3. MIMS January 1997.

Patients get the advantages of a gel
You get an enhanced margin*

Chauvin Pharmaceuticals Ltd
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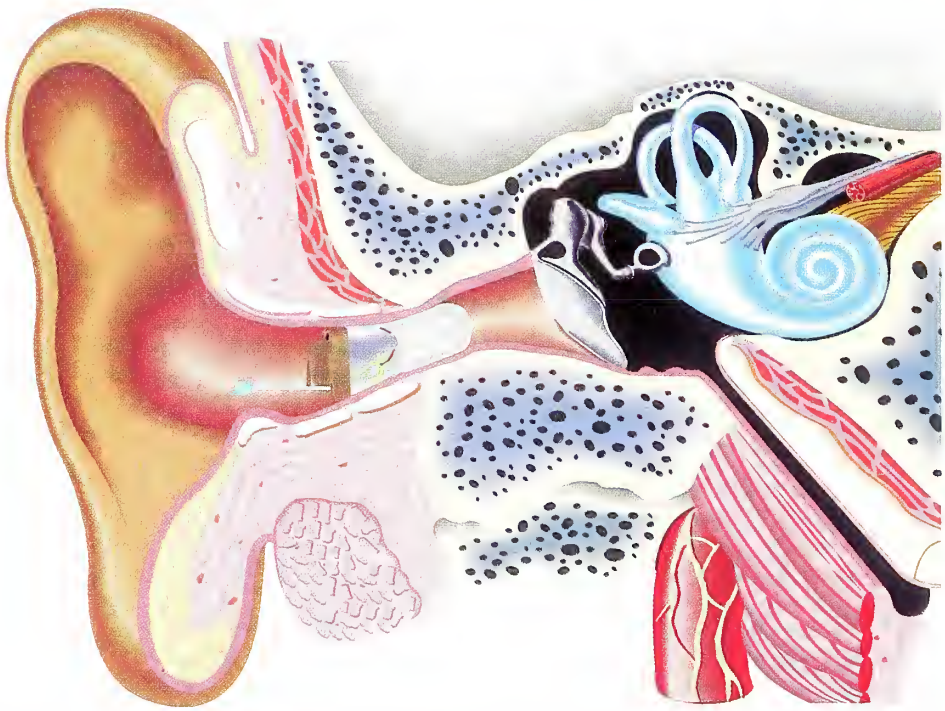
Tel: 01708 383838 Fax: 01708 373316

*compared with alternative therapies3

Hear today, hear tomorrow

James Quinn FRCS, senior registrar in otolaryngology at the Great Ormond Street Hospital, outlines the latest thinking on the treatment of ear diseases, together with new surgical techniques that offer hope to the deaf



The ear is divided into three parts. The outer ear consists of the pinna and external ear canal as far as the tympanic membrane (eardrum). The middle ear is an air-containing space, which has three small bones (or ossicles) – the malleus, incus and stapes. These bones conduct sound from the tympanic membrane to the inner ear. The middle ear air space is closed off from the outside apart from a narrow duct called the Eustachian tube, which leads from the middle ear to the back of the nose next to the adenoids. The inner ear consists of both hearing and balance organs which are fragile fluid-filled membranous structures surrounded by a capsule of the hardest bone in the body.

Sound waves are funnelled down the ear canal to the tympanic membrane, making it vibrate. These vibrations are transmitted by the ossicles to the fluid of the inner ear or cochlea. This movement of fluid in the cochlea is detected by 30,000 microscopic hair cells which send nerve impulses via the auditory nerve to the brain.

External ear diseases

The external ear is prone to various forms of inflammatory skin conditions, collectively known as *otitis externa*. The cause of *otitis externa* is not always clear. It may be linked to other dermatological disease or may represent an allergic reaction. In some people, water ingress into the ear canal during hair washing or swimming leads to *otitis externa*. The earliest sign is itching, which may progress in the more severe forms to pain and deafness due to secondary infection of the irritated skin and swelling of the ear canal. In mild cases, advice about keeping the ears dry and the avoidance of cotton buds is frequently sufficient to alleviate symptoms. Where pain and deafness are features, review by the patient's GP is mandatory. The mainstay of treatment for established *otitis externa* is usually a combination of a topical steroid (to reduce pain and swelling) and an antibacterial agent. Some preparations also include an antifungal agent.

Excess wax in the ear canal is a common problem. Wax helps to protect the lining of the ear canal, making it waterproof and protecting against bacterial infection. Occasionally, it builds up and causes mild deafness. Cotton buds are not helpful, as they only serve to ram the wax back down the ear canal. Of the many proprietary wax dissolving solutions available, the water-based ones are less messy to administer, but can cause ear canal irritation. Oil-based drops are less likely to cause irritation and olive oil drops are probably as effective as any.

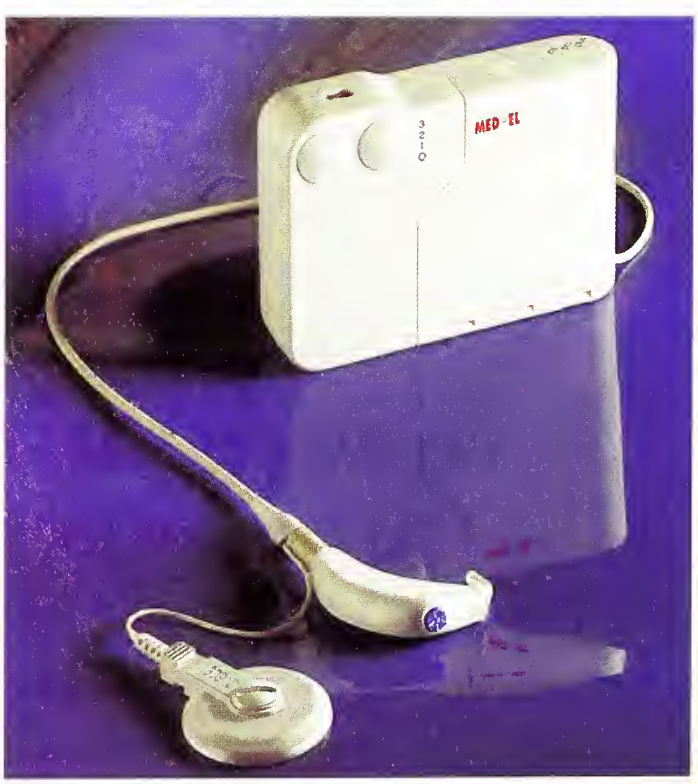
Middle ear diseases

Diseases of the middle ear are most common in children. Acute infection or acute *otitis media* is caused by viral or bacterial infection of the middle ear space. The infection usually spreads from the nose via the Eustachian tube and is especially common in children between the ages of six months and three years. It is commonly associated with an upper respiratory tract infection.

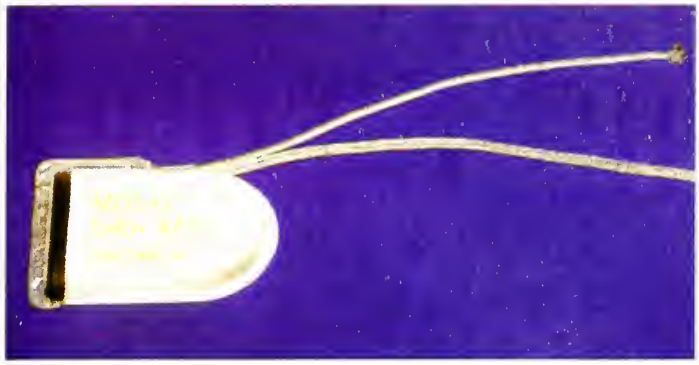
In infants, the symptoms may be very vague, with general irritability and poor feeding. Young children may pull at the offending ear or even bang the side of their head against a wall. Older children and adults complain primarily of pain, which is usually quite severe.

If left untreated, fluid builds up in the middle ear and the tympanic membrane may rupture. This leads to a sudden discharge of frequently blood-stained pus from the ear. Paradoxically, rupture of the tympanic membrane relieves the pain. Although the appearance of bloody discharge from the ear is alarming, recovery from acute *otitis media* is nearly always complete. The recommended treatment is a course of oral antibiotics accompanied by analgesics.

Occasionally, following a particularly severe attack of acute *otitis media* or in a patient who has suffered repeated attacks, the tympanic membrane may fail



The CIS PRO+ is a flexible speech processor



The COMBI 40+ cochlear implant receiver/stimulator package has been reduced in thickness to less than 4mm

to heal, leaving a hole or perforation. Perforations cause hearing loss and predispose the ear to discharging mucous during head colds and following swimming. In some cases, the ear may discharge for much of the time. Perforations can be repaired by a microsurgical technique called a myringoplasty, which involves the placement of a small graft of fascia, the fibrous membrane covering muscles, behind the ear drum, to seal the hole.

The other common middle ear disease is known as 'glue ear'. The condition is most prevalent in children between the ages of two and seven, but can occasionally occur in adults. The aetiology is not completely understood, but is thought to be linked with upper respiratory infections combined with poor Eustachian tube function. The net result is that the middle ear space fills up with fluid. This fluid damps the movement of the tympanic membrane and ossicles, and causes mild to moderate deafness.

These middle ear effusions usually resolve spontaneously over a period of several weeks, but in some children they can persist for months or longer, and the resulting deafness can cause delayed speech development and poor school performance. Topical and systemic nasal decongestants and long-term oral antibiotics have been tried, but with limited success. Recently, the Otovent has been marketed, which consists of a balloon blown up via the nose. It aims to force air up the Eustachian tube to re-aerate the middle ear. The device appears to be quite safe, but its effectiveness has not yet been well proven and it is only suitable for use in older children who can master the technique.

The insertion of a small tube or grommet into the tympanic membrane under a short general anaesthetic is extremely effective at reversing the deafness caused by 'glue ear'. Grommet insertion is now one of the most common operations performed in the NHS. Short-term grommets are designed to extrude spontaneously from the tympanic membrane after six to nine months. Long-term grommets are intended to stay in the tympanic membrane until they are removed at a subsequent operation, and they are reserved for children or adults whose glue ear has persisted for several years or more.

Ears with grommets can discharge. This indicates infection and must be treated. The most effective treatment is with a topical antibacterial. Oral antibiotics are less effective. The *British National Formulary* indicates that the use of antibacterial drops in ears with perforations is contra-indicated because of a theoretical risk of ototoxicity.

Antibiotic ear drops should certainly not be used in traumatic perforations or in perforations with normal middle ear mucosa, but in actively discharging ears the theoretical risk of ototoxicity is balanced by a theoretical risk of ear damage from infection. Nearly all ear nose and throat specialists in this country use antibiotic ear drops as first line treatment in discharging ears with grommets or long standing perforations.

Inner ear diseases

Until recently, the inner ear has been beyond surgical repair or medical treatment. The main cause of inner ear deafness is senile degeneration or presbyacusis. As the cochlea ages, so some of the 30,000 hair cells die

Continued on P32 ▶

◀ Continued from P31

and are not replaced. In time, this results in both a lack of sensitivity to sound volume and also a lack of sound discrimination. Ageing of the cochlea is variable and is in part inherited and in part due to environmental causes, especially noise exposure.

Preventing this hair cell death or stimulating regrowth is not possible at present, but it is not inconceivable in the future. The mainstay for people with presbyacusis is the hearing aid. The standard aid prescribed on the NHS is a behind the ear model, which comes in a range of powers. Most hearing aid users derive great benefit from their aid, but the sound quality is in no way comparable to normal hearing.

Smaller aids are now widely available on a private basis. The smallest fits entirely within the ear canal. Some now have digital sound processing ability to optimise sound quality and suppress unwanted background noise and many have remote controls which allow alteration of volume and sound processing modes without having to remove the aid. Not surprisingly, these are not cheap and may cost over £1,000.

Rarely, severe or complete deafness may be present from birth when it is usually due either to a genetic fault or to damage to the developing cochlea in the womb from viral infection. Profound deafness may also be acquired after birth in childhood or adulthood. Bacterial meningitis is the most common cause of this kind of deafness.

Until quite recently, lip reading and sign language were the only means of communication for these people. The advent of cochlear implants offers the opportunity to alter this radically.

The implants consist of an externally worn and battery-driven microphone and sound processor, which transfers information via an electromagnetic loop to a separate implanted device. The implant passes tiny electrical impulses directly into the cochlea via a series of 20 or so implanted electrodes. This electrical energy is interpreted by the cochlea as sound, allowing people who have acquired deafness to hear again and children born deaf to hear for the first time.

Despite the early stage of development of cochlear implants and the relatively crude sound that they produce, their results have been spectacular in adults and children who have been deafened after the acquisition of speech. Teaching children who have never heard sound or learned to speak is a much harder proposition, but one that is now being undertaken in many centres around the UK.

Waxing lyrical

Ear wax build-up is usually self-treatable, using OTC products, but manufacturers disagree as to the health of the market. Adrienne de Mont reports

Up to two million people a year seek expert advice on the treatment of excessive ear wax. People of all ages can suffer, but it is more common in older age groups. Studies have shown that 67 per cent of sufferers are aged 45 or over, with half 65 or over.

Research by Dendron has found that first-time sufferers tend to contact their GP, sometimes with associated ear infections, but on subsequent occasions they usually self-treat with OTC products.

Over half of Otex users are men, but most purchasers of the product are women. Sufferers tend to have recurring ear wax build-up, often more than once a year. Dendron says that almost half Otex users buy the product at least twice a year. Six in ten users said they bought it after seeing the advertising.

Most found the condition uncomfortable rather than painful, but said it could become painful when aggravated by a cold or hayfever, swimming, flying or being out in cold wind. Some sufferers admitted to using pens, paper clips and panel pins to try to remove wax, despite the risk of compacting it further or damaging the ear.

New advertising and trade deals for Earex

Because ear wax problems can be exacerbated by swimming, the market is at a peak in summer. Water getting into the ears can shift the wax so that it blocks the ear canal. Many regular sufferers buy Otex to take on holiday as a precaution, according to Dendron.

The company says Otex leads the £5 million OTC ear wax market, with a 44 per cent share. Since the product became available OTC in 1994, the market has grown by 14 per cent. A modest growth is predicted over the next few years, helped by the ageing population.

But Seton Healthcare says the market is in decline, with Earex the only brand to show any growth, according to IMS statistics. The Earex share is about one-third and Earex Plus is the fastest-growing product. Total market volume is around two million units.

Sales are likely to remain pharmacy-orientated, and the company recommends that pharmacists maximise business by merchandising GSL variants for self-selection, as well as behind the pharmacy counter.

LAB offers a note of caution on wax removal – demand for products may have increased, but has the need increased? The company warns pharmacy staff to be on the look-out for inappropriate use, as heavy advertising may have led people to buy products unnecessarily. The mere presence of wax in the ear does not necessarily require treatment. If an accumulation blocks the ear canal, the company recommends referral to a doctor in the first instance, because of possible complications such as unsuspected impairment of hearing. Self-medication is usually safe if symptoms recur and the sufferer is familiar with wax removal products. Ear wax treatments should be used only occasionally for prophylaxis to avoid *otitis externa*.

On promotion

Cerumol ear drops are being advertised to the public this summer and pharmacy bonuses will be available.

Otex, claimed to be the only ear wax removal product supported by television advertising, will be backed by campaigns totalling over £1 million this year.

Earex will have a £0.33m spend, with a new national consumer advertising campaign. Trade deals are available from Seton Healthcare representatives until the end of June. Earex Universal ear plugs for swimming will be repackaged in line with the relaunched Earex range.

Otex support is worth over £1 million

'Handler' struck off

A pharmacist who was part of a 'network of handlers' of stolen goods was struck off the Register last week.

The Royal Pharmaceutical Society's Statutory Committee told Bindu Bhatt, of Ecclestone Park, Prescot, Merseyside, that it could give no indication of when – if ever – he would be allowed back onto the Register.

Josselyn Hill, solicitor to the Society, told the Committee that Mr Bhatt, who had premises in Bootle, was convicted after a week-long trial on three counts of handling property stolen by others along with heavy goods vehicles. On May 24, 1996, he was sentenced to two years and six months' imprisonment, and ordered to pay £8,000 costs. He had denied the offences.

Mr Bhatt was among ten or so people arrested after a massive drive by Manchester police into the theft of high-value lorry loads which were distributed through "an organised network of handlers, of which Bhatt was one".

He had taken out a lease on an industrial unit in Bootle, and police found some of the stolen goods – mainly pharmaceutical products – when they raided the unit on June 15, 1994. The goods found totalled nearly £10,000. Mr Bhatt admitted the conviction and owning the warehouse, but said he was not part of the organised ring. He had a pharmacy in Sugar Lane, Liverpool, as well as two others.

Allowed out from Kirkham open prison, Preston, Lancashire, to attend this hearing, Mr Bhatt had said he deeply regretted his foolish actions.

Announcing the Committee's decision, chairman Gary Flather QC said it was very sad to see someone who had built up a profitable business as a pharmacist being found guilty of dishonesty.

Restoration application adjourned

A Hackney pharmacist, struck off after being found guilty of selling drugs to addicts for massive profit, had his application to be restored to the Pharmaceutical Register adjourned for six months, last week.

Foo Wah Yew, then owner of the Yew Pharmacy in Kingsland Road, was struck off in August, 1991, after being found guilty of illicitly selling drugs to addicts for £35,000 as part of his annual turnover of £95,000.

Promising that he had learned his lesson, Mr Yew said that he did not want to go back to retail pharmacy.

Adjourning the hearing, Committee chairman Gary Flather QC said he would expect to receive evidence that Mr Yew had attended a 'return to practice course', had worked under the supervision of a pharmacist and "showed less arrogance" to the Committee.

Although it could offer no legitimate expectation that he would be returned to the Register, compliance with the Committee's wishes would give him a much better chance.

Pharmacist restored to Register at third attempt

A pharmacist, struck off for selling drugs to addicts, won back the right to practise on his third attempt last week.

Pradeep Gajree of Glasgow demonstrated he had made good use of his four years off the Register, the Statutory Committee of the Royal Pharmaceutical Society was told.

Mr Gajree practised at his shop, Gajree Pharmaceuticals, Pollokshaws Road, Glasgow, until April, 1993, when he was struck off for serious misconduct. Two previous applications to be restored to the Register had been rejected in July, 1995, and April, 1996.

Announcing Mr Gajree's restoration, Committee chairman Gary Flather QC said: "He tried hard to maintain contact with pharmacy. He kept his pharmacy going and his determination to carry on is clear to be seen."

LETTERS

The needs of Sandwell ...

Your article on the Neptune Health Park development in Sandwell (*C&D* May 17) gave a fair view of scale and innovation that this work will bring to the borough.

I fully endorse your quote from Duncan Murray that "integrated working is a fine idea". However, I am concerned over the misinterpretation of the HA's policy for the future. The comments from Peter Ingram, the LPC secretary, are inaccurate and do not reflect the policy of this Authority.

I have explained on a number of occasions that the HA does not have plans for major developments in the six towns of Sandwell. The Authority set out in its primary care policy document, 'Local services for local people', our view, which is as follows.

Primary care is the provision of a network of diverse health and social care services within the community which centres around individuals, their health, well-being and quality of life.

It is this underlying aim to establish high-quality service delivery as close to the community as possible that is a key drive for healthcare in Sandwell.

The levels of deprivation in Sandwell are significant and undermine the well-being and health of our population. The HA is, therefore, a key partner with Sandwell Local Authority to encourage regeneration of the six towns in the borough.

I recently invited all practitioners in the West Bromwich area to a meeting so they could understand the plans that the Local Authority has for the centre of West Bromwich. It is important that we all understand what is going on around us and do not remain buried within our own profession.

The needs of the people of Sandwell are greater than the ability of any individual or organisation to meet.

I am concerned that the Authority's policy is not misinterpreted and I earnestly hope we can jointly develop with the local profession an agreed way forward.

Neil Lockwood
Chief executive, Sandwell HA

Bordering on independents

'Giant wholesale groups which own pharmacy chains cannot give a fair service to independents.' On that simple premise the Border Chemists Alliance was born, as Guy L'Aimable reports

Part of the BCA team, from the left, Jed Kelly, financial controller; Tina Garrett, buyer/administrator; Jeremy Aspden, chairman; Phil Jobson, director; and Les Gray, depot manager

Border Chemists Alliance, the pharmaceutical wholesaler for independent pharmacies, is not a familiar name to the man on the Clapham omnibus, or the taxi driver in Penrith come to that, but it is fast becoming well known to pharmacies in its distribution areas: north east England, Cumbria, north Lancashire and southern Scotland.

The wholesaler is a co-operative that comprises 55 members, all of them community pharmacies. It hopes to recruit another 20 this month. On June 1, it will appoint a sales manager who, it is hoped, will attract another 20-30 members.

In a bid to strengthen its identity, BCA has applied to become a member of the British Association of Pharmaceutical Wholesalers. It will find out if it has succeeded in the coming month.

That is fair going for a company barely a year old, and one that did not have a warehouse until last November.

Jeremy Aspden, the chairman and one of its founders, says its success proves his central thesis: independents need a full line pharmaceutical wholesaler that will look after their interests solely.

This was the gap he spotted last summer when he was managing director of G Lightfoot & Son, a chain of ten pharmacies in Cumbria.

The Monopolies and Mergers Commission had told Gehe and Unichem that whoever acquired Lloyds would have to divest up to seven Daniels depots, including one in Carlisle.

"It meant we'd have to buy our pharmaceuticals from [a choice of] two huge conglomerates, who were vertically integrated [with a pharmacy chain]. It would be the same as buying the products from Boots," says Mr Aspden.

While Unichem and AAH would argue their wholesale arm is separate from their pharmacy chains, Mr Aspden suggests: "They're [AAH and Unichem] not large wholesalers – they're competitors. You cannot have a company that has 700-800 pharmacies and say that's a wholesaler. That's nonsense."

> What we've done here hasn't been done for 30 years. It's outside most manufacturers' experience

Such giants, he adds, are unlikely to "value our trade or new customers because they do sufficient trade within their pharmacies to make their business profitable. Any other trade on top of that is just an added bonus".

Mr Aspden found an unlikely ally, Les Gray, then manager of Daniels' Carlisle depot, who approached him when he heard about the MMC's ruling.

Mr Gray had worked at the depot for 18 years and, having seen a succession of owners, had no illusions about its future.

"We assumed Daniels was going to be broken up and the Carlisle depot would disappear – and we saw a business opportunity," says Mr Gray, who is now BCA's depot manager.

The two men discussed their plan with community pharmacies and found about 50 who were interested. The crunch came last September, at an extraordinary general meeting, when Mr Aspden drummed up the finance. "That's when the thing [BCA] became real. People came and put their money on the table. Up until then, they were saying 'yes, I'd support it', but there was no blood on the carpet."

BCA's ball was rolling, but it was about to hit an indifferent manufacturing wall. "Some were encouraging, some were downright hostile," says Mr Aspden. "That is probably because of the shortline situation. What we've done here hasn't been done for 30 years. It's outside most of the manufacturers' experience."

At the beginning of October, Tina Garrett, who had been buyer and office manager of Mr Gray's depot, was appointed as BCA's buyer/administrator.

A month later they leased a 17,000sq ft 'empty shell' in Gilvilly Industrial Estate, Penrith. The embryonic warehouse convinced most manufacturers that BCA meant business.

A hectic period followed – installing warehouse shelving, sprucing up the building, setting up a computer system. George Foster, a wholesaler based in Burnley, saved them a lot of bother by recommending a suitable computer.

Ray Roberts, a director of Fosters, is also BCA's company secretary. Ironically, George Foster recently bought Daniels' Carlisle, Glasgow and Derby depots. Its close links with BCA probably explain why it has not yet decided what it will do with the Carlisle depot, although the smart money is on Foster closing it and keeping its customer lists.

No conflict

Mr Roberts' ties with two wholesalers does not create a conflict of interest, according to Mr Aspden. "We're both independent [wholesalers] and we're operating in different patches. We could offer our first line customers a second line account with Foster as part of the package. Foster could reciprocate," he says.

At the beginning of the year, BCA joined Numark. Mr Aspden thinks it was a good move because Numark has a similar ethos.

Membership of Numark has improved BCA's buying power and given it a national identity, which should be a powerful recruitment tool.

Another milestone was passed when BCA became a Glaxo Wellcome agency in March.

The BCA warehouse now stocks 14,000 lines, including all the major over the counter manufacturers, but it wants to open another ten to 20 smaller OTC accounts.

Turnover

Mr Aspden says the warehouse's turnover has doubled in each of the months it has been trading. However, exact figures remain confidential.

Ms Garrett admits there is still room for improvement – BCA is weak on surgical, parallel imports and generic lines. And some manufacturers, such as Boehringer Ingelheim, Novartis and Hoechst Marion Roussel, still refuse to give it a credit account, opting instead to deal with it on a pro-forma basis.

Having invested $350-$400,000, BCA has the infrastructure to develop. Its 35 employees, including five telesales staff, are complemented by four directors who are pharmacists: Philip Jobson from Bramptom, Dumfries-based Mark Blount, Alyson Young in Carlisle and Bill Darling in South Shields. They promote BCA in their geographic areas.

As it is a co-operative, the company's profits will be split between the members, based on how much business it does with them. Mr Aspden hopes to announce the first dividend by the end of the year, although he admits a more realistic timescale would be within the next 14 months.

For the past nine months, Mr Aspden has been spending three to four days a week on BCA matters and the remainder with his pharmacies. He has now cut his BCA time to two days and leaves the day to day running to his team.

Now the business is gathering momentum, he expects to have 150-200 first and second line customers by 2000. BCA's staff is "totally focused" on developing its depot and it ignores AAH/Lloyds' depot divestments.

"If we'd said 'What if?' [from the beginning], we'd still be talking about it now. But we put our hands on the table and said 'let's do it'. Having climbed these mountains, we've got a few hills left to climb in terms of maintaining our customers and keeping our customer base," he says.

NI CiCPM pharmacists to get 50 per cent funding by CPPET

The Certificate in Community Pharmacy Management has been recognised by the N Ireland Centre for Postgraduate Pharmaceutical Education and Training because the practice and business management skills it teaches "are fundamental to the provision of a high quality pharmaceutical service". Northern Ireland pharmacists who sign up will get 50 per cent of their fees refunded.

Above: CiCPM Module Six details how to maintain profitability and manage your business properly. Look out for Module Seven in this issue

With this issue we publish the sixth module in part one of the CiCPM qualification. Just complete all 10 modules in part one, plus the five in part two and you will have earned full certification.

The final part one module will be published with our September issue.

Each of the five projects will be sent to CiCPM part one and two subscribers after every second module has been completed. Modules are marked by our unique interactive telephone system, which provides formal evidence of your continuing education achievement for companies and accreditation for professional bodies.

If you choose to proceed to the full university certificate, then you will be among the first pharmacists in practice with such expertise – CiCPM is the first and only such qualification for pharmacists and is designed to deliver the business skills omitted by traditional university pharmacy training.

CiCPM is a ten-month course and you can start at anytime. If you join later, then you will simply qualify after autumn 1997.

Sign up now ...

A WELCOME INITIATIVE

Meeting needs

"The NPA recognises the need for community pharmacists to develop their business management skills. It welcomes this initiative by *New Community Pharmacy* and Smithkline Beecham Consumer Healthcare. (PharmAssist) to help community pharmacists meet today's management needs."

Part One of the course comprises 10 modules provided by Queen's University of Belfast, which are available through *New Community Pharmacy* magazine. These, together with five pharmacy-based practical projects (Part Two), lead to the Certificate in Community Pharmacy Management.

Full details of the CiCPM course are available from Sue Cheeseman on 01732 364422 and the registration form is published on page 36. The VAT-exclusive costs are:

- Part One: £100
- Part Two: £200
- Parts One and Two: £275

(if you register for both together).

The course is designed to be user-friendly and to deliver results for you and your business.

The CiCPM is part of SmithKline Beecham's PharmAssist programme and is supported by the company.

Unichem beefs up Community Pharmacy Initiative scheme

Unichem is arranging three new services for pharmacists who are members of its Community Pharmacy Initiative scheme: brand equalisation deals on generic prescriptions, pathology tests and healthcare books.

The CPI, launched as a pilot involving 110 outlets in November last year, aims to promote community pharmacies as local centres for healthcare retailing and advice.

Under the equalisation deals, a pharmacist receiving a prescription for a generic selects a top brand medicine instead. The brand's manufacturer then compensates the pharmacist for the difference in the cost price between the generic and the branded medicine. Unichem is negotiating with manufacturers and expects to announce further details soon.

It is also about to sign a contract with a pathology company to install tests on allergies, *H pylori* and cholesterol in selected CPI outlets. The tests on cholesterol and allergy are sent to a lab and the results returned within 48 hours. Customers will be charged for them. Unichem will trial the tests among a group of CPI members – between 20-100 outlets – in June.

Martyn Ward, Unichem's sales and marketing director, says the scheme's members "will firstly gain prestige by offering healthcare advice on the tests; and, secondly, there is an incremental flow to the till because the services obviously attract customers, some of whom will also return to the pharmacy to get their results", he says.

Unichem's decision to use the CPI members, Mr Ward stresses, should not be interpreted as a vote of no confidence in other pharmacies. Some Moss stores will also be looking at these tests, although Unichem has not decided whether they will become involved.

Sedgemill Pharmacy, a Scunthorpe-based outlet, says its sales have grown significantly since it joined Unichem's Community Pharmacy Initiative

Stocking healthcare books is another CPI option. Unichem is talking to a publisher and hopes to initially offer six titles, perhaps best-sellers on healthcare, which pharmacists would then order direct from the publisher. It is still negotiating trade margins on the books.

"We'll show a number of titles at our next trade show to see whether pharmacists think they're right for their stores," says Mr Ward.

He also says the new services will build on the success of CPI, which now has 251 members – though Unichem would like to recruit at least another 250. Phase two of CPI's roll-out started in April and Phase three begins in July.

Unichem has been running a 'mystery shopper' check on members every quarter and says the results show that CPI has recruited the right type of pharmacies. In March, the mystery shopper visited 110 members and checked their point of sale material and healthcare emphasis to gauge how far they were following the scheme's suggestions.

Sixty-four pharmacies scored more than 70 per cent on the checks (the pass mark was 50 per cent), and 34 scored between 50-60 per cent. Only seven scored below 30 per cent.

"Where stores are consistently poor, we may have to talk to them about whether the scheme is right for them," comments Mr Ward.

Participating pharmacies that pass the mystery shopper surveys receive a £100 marketing credit each quarter, which can be used to pay for local press advertisements tailored to suit their outlets. Unichem will arrange the advertisements. Just under 90 pharmacists so far have received the £100 vouchers. Unichem's account development managers are visiting pharmacists who fell short to tell them where they went wrong.

Unichem wants to encourage pharmacists to promote themselves in their neighbourhoods. Some pharmacists, including 30 CPI members, spend £1,000 a year on adverts. And about 60 spend £500-£1,000. Unichem aims to negotiate a reduction in their ad costs.

The company has 818 pharmacies on a database set up under the Local Marketing Scheme. It hopes to have details of 1,000 outlets by the end of the year. "The bigger you can make the database, the more powerful it will become," says Peter Skinner, Unichem's marketing controller.

The company is using the database to tailor promotions at particular pharmacies and has already developed a promotion for its top 500 own-brand supporters. The company says manufacturers want to use its data.

"One area manufacturers want to promote is baby care. They feel the independent sector has given up the ghost [in this area]," says Mr Ward.

Roche's Boehringer Mannheim acquisition

Roche has astounded City observers by acquiring the Boehringer Mannheim Group for $11 billion ($6.7bn).

The acquisition, subject to approval by regulatory authorities, is the biggest in Roche's history and makes it one of the biggest companies in the $19bn global market for equipment to diagnose illnesses. Diagnostics account for about two-thirds of BM's $3.5bn sales, while pharmaceuticals make up the remainder.

Roche has agreed to buy all the shares of Corange, a Bermuda-based company that is the sole owner of BM, and Corange's 84.2 per cent stake in Depuy, a US-based producer of orthopaedic products. Roche will become a majority shareholder in Depuy, but the company will continue to operate as an independent.

BM's worldwide lab diagnostics, patient care, biochemicals and therapeutical divisions have 18,000 employees and reported a turnover of Sfr4.3bn (excluding Depuy) last year.

Fritz Gerber, Roche Holding's chairman, says the acquisition will enable it to achieve its ambition of becoming a leader in the diagnostics systems and products markets. "We see long-term potential in the areas of disease management and patient care, both of which are gaining in importance," he says.

Roche-Boehringer Mannheim Diagnostics will have about 13,500 employees and a potential annual turnover of Sfr3.5bn. It will have research and development facilities and plants in Germany, the US and Switzerland.

Roche says the group's diagnostic customers will benefit from a larger and geographically broader-based sales organisation. The group will also achieve economies of scale in productivity which should give it a "leading position in clinical laboratory systems, molecular diagnostics and patient care".

The takeover, says Mr Gerber, will also increase Roche's share of the global pharmaceutical market. One report suggests the new group's share could rise from 2.7 to 3 per cent. BM's pharmaceutical sales topped Sfr15bn last year.

Dr Franz B Humer, Roche's chief operating officer, says BM's cardiovascular and oncology products will complement Roche's portfolio. BM is also developing a number of "promising drugs", including ibandronat, a treatment for osteoporosis that is undergoing its Phase III trials.

The Depuy group is a leading global producer of artificial joints and orthopaedic products. It has about 2,900 employees and reported sales of around Sfr860 million last year. Depuy's remaining shares are traded on the New York Stock Exchange.

Hills/Lloyds firms up retail board structure

Hills/Lloyds' joint retail division, the 1,200-strong pharmacy chain, has confirmed its main board members and a regional management structure.

Managing director of the division, whose name has yet to be decided, is Michael Major.

Ciaran McSorley is its human resources director with responsibility for training and recruitment. Andy Murdoch is pharmacy director responsible for professional services and pharmacy development. While AAH/Lloyds' retail businesses continue to be run as separate legal entities, Mr McSorley remains superintendent pharmacist at Lloyds, while Mr Murdoch fills that post at Hills.

Once the group is merged, which is expected within the next month, Mr Murdoch will take over as pharmacy superintendent for the new company.

Alan Saunders (ex-Hills) is retail director, and John Troughton, formerly acquisition and property director at Hills, is now the retail division's acquisitions and development director. Finance and administration director is Christophe Couturier, previously finance director at Sandoz. Mr Major is expecting to appoint a marketing director within the next few weeks. Responsibility for buying remains with Colin Wilson at group level.

Six regional managers were appointed last week. They are:

- Alec McKinnon (ex-Lloyds), **Scotland and the Borders**
- Paul O'Hanlon (ex-Hills), **NE England, E Midlands, Lincs**
- David Powell (ex-Lloyds), **NW England, W Midlands, N Wales**
- Stuart Lowe (ex-Hills), **S Wales, SW England**
- Richard King (ex-Hills), **S and SE England**
- Mike Blakeman (ex-Lloyds) **London, northern Home Counties and E Anglia.**

Calling top pharmacists ...

Pharmacists with a flair for business are invited to enter the Switch Independent Retailer Excellence Awards 1997.

The awards seek to recognise and reward retailers who offer a high level of professionalism and customer service. Independent retailers will have typically mastered a wide range of skills that vary from accountancy to staff motivation.

C&D, for the fourth consecutive year, is sponsoring the awards' pharmacy sector, which is open to all independents, regardless of their size or turnover. Switch is sponsoring the awards for the second consecutive year.

Pharmacists are invited to complete a written application covering customer service, marketing, training and technology, which can be accompanied by any relevant material.

An entry form is inserted in this week's issue of the magazine. The forms can also be obtained by telephoning 0800 113415. All entries must be submitted by September 5, 1997.

Last year's pharmacy winners were Gurd and Nirmala Chalal of Duran Drive-Thru Chemist.

The awards have eight other retail categories: books and stationery; DIY and gardens; hotels and restaurants; electrical, leisure, hair and beauty; grocery and convenience; and furnishing and household goods. A tenth category is open to retailers whose businesses do not fit any of the nine specific categories.

Three retailers from each category will be shortlisted and visited by the British Chamber of Commerce judges for the final judging stage. All 30 finalists will be invited to the awards' final luncheon in London on November 20, where the winners will be announced.

Nine category winners will each receive £400 of Forte vouchers and the overall winner will receive a cheque for £5,000.

Please send your entry forms to: Switch Independent Retailer Excellence Awards 1997, the British Chambers of Commerce, Manning House, 22 Carlisle Place, London SW1 1JA.

Classified

APPOINTMENTS

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Minimal paperwork, very good supporting staff.
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Newly qualified welcome.

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For information please contact Mr R Patel 01270 212842 (daytime) 0161 428 7289 (evenings after 8pm)

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or in writing to Kurt Gunthardt 40 Rectory Lane, North Runcton, Kings Lynn, Norfolk PE30 0QS

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★ Very good rate of pay with possible performance bonus/partnership
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Telephone David Stearne on 01928 795235

APPOINTMENTS

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Sat 8.45am-5.30pm

The salary is a basic £28,000 per annum + bonuses based on increased turnover and profitability. The right candidate can earn an extra £5000 per annum with ease. Retail experience not essential but if this is the case additional training will be given at our Epping shop.

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M P Forman
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Enthusiastic retail minded Pharmacy Manager needed to run a busy modern pharmacy, good support staff, excellent working conditions & salary. Attitude more important than experience. Newly qualified considered.

For more information please contact Mr R Patel 01270 212842 (daytime) 0161 428 7289 (evenings after 8pm)

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Malcolm Bayly or Andrew Lane, Moss Chemists, Fern Grove, Feltham, Middlesex TW14 9BD.
Tel: 0181 890 9333

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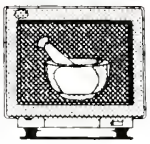

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SHOPFITTINGS

SHOPFITTINGS

VETERINARY SERVICES

ABOUTpeople

This Boots is made for Walker

Pharmacist and Boots Pharmacists' Association chairman Peter Walker has settled down to run the company's Wakefield branch after spending much of the last few years travelling across the UK.

Mr Walker has visited 60 per cent of the 1,200 Boots' stores in this country as part of his job to implement a stock control management project, called 'Direct to Shelf'.

His job has taken him, and his team of four pharmacist managers, as far north as Kirkwall in Scotland, and as far south as the Channel Islands.

His toughest week was when he was implementing the system in two different places, Scotland and south west England. "On the Monday, I was in Glasgow; on Tuesday, Exeter; Wednesday, Edinburgh; Thursday, Bristol; Friday, Aberdeen; and on Saturday, I went back home to Halifax," he says.

The project took him away from retail life for four years. Mr Walker says: "Things have moved on apace. Systems and processes have changed, and I'm having to re-educate myself."

It had been an enjoyable period of time that he would not have missed, he adds. But, he is relieved and pleased to be back working in a store.

United Norwest Co-op's head office staff have dyed their hair green and raised £300 for the British Heart Foundation. The 'Martians' landed at Greenfield Business Park, Congleton, last Thursday. Pictured, from left to right are receptionist Claire Le Couteur, marketing assistant Dave Tunstall, controller Geoff Flint, marketing manager Bob Taylor and invoice clerk Samantha Palin

Drug Tariff training from Genus

Genus Pharmaceuticals is running Drug Tariff training courses for community pharmacists throughout the UK. The first of a planned series was recently held at Portsmouth University's School of Biomedical and Pharmaceutical Science under the guidance of Professor Ian Jones.

Among the delegates given an insight into the inner workings of the scheme was Eric Silverberg, group senior pharmacist with Howard and Palmer, which has 29 community pharmacists in south west Wales. "Although I have been following the Drug Tariff scheme for 35 years and consider I have a good grasp of how it works, Professor Jones gave me some pointers which will make our pharmacies more profitable," he says.

Genus plans to run the next Drug Tariff course in Manchester on June 28. For further information contact Phil Ward on 01628 604377.

Professor Ian Jones of Portsmouth University (far right) is pictured with pharmacists who attended the Drug Tariff training course

CPP's Research and Travel Awards

The College of Pharmacy Practice is inviting applications for the 1997 John M Harris Research and Travel Awards.

Dr Harris was the principal lecturer in pharmacology at Brighton University until his untimely death in August, 1988. The award scheme was started in 1991.

The annual research awards are given to applications for practice research or academic work in clinical pharmacy, pharmacology or therapeutics. The maximum value is £1,500.

The deadline for applications is June 30. Further details can be obtained on 01203 692400.

Weldricks, the first independent pharmacy group to win the 'Investors in People' award in England in 1993, has now had this achievement recognised nationally. Robin Morgan (centre) a fellow of the Institute of Journalists, presents Weldricks' area manager, Liz York (left), and training manager Marilyn Jones with the award

APPOINTMENTS

AAH Pharmaceuticals has appointed two new members to its marketing team. **Lisa Meadows** has been promoted to business development manager. **Helen Baker** has been given additional responsibilities in the LINK marketing team.

Scotia has made **Dr Calum MacLeod** CBE a non-executive director of the company. He is currently chairman of Abtrust Scotland Investment Co, Britannia Building Society, Grampian Health Board and Grampian Television. Scotia has also appointed **Dr Mehar S Manku** as technical director of Scotia Drug Discovery.

Dr George Poste, the chairman of research and development at Smithkline Beecham, has been elected a fellow of the Royal Society. The Society cited Dr Poste's pioneering research on the clonal diversity of tumours, the cell biology of cancer metastasis, and the design of novel particulate drug delivery systems as reasons for his election.

New face and a promotion at *C&D*

There is a new face on board at *C&D* and a promotion in the news department.

Charles Gladwin has been moved up to senior news reporter from reporter. Charles joined the magazine in November, 1995, after working in community pharmacy both in the UK and abroad.

Sarah Thackray has joined as beauty editor. She is a past editor of our sister publication *Beauty Counter* and has contributed regularly to *C&D*. Recently she has worked as a freelance journalist specialising in the beauty and pharmacy area.

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*Nielsen Pharmacy Mouthwash Data

Corsodyl. **Uses**: Inhibition of plaque, treatment and prevention of gingivitis, maintenance of oral hygiene, promotion of gingival healing following surgery, useful in the management of aphthous ulceration and oral candidal i **Presentation.** *Spray and Mint Mouthwash*: Clear colourless solution containing 0.2% w/v chlorhexidine gluconate. *Mouthwash*: Clear pink solution containing 0.2% w/v chlorhexidine gluconate. *Dental Gel*: Clear colo containing 1% w/w chlorhexidine gluconate. **Dosage & Administration.** *Spray*: Apply to tooth and gingival surfaces and ulcers using up to 12 actuations of the spray twice daily. *Mouthwash and Mint Mouthwash*: Rinse m 10 ml undiluted for one minute twice daily. Prior to dental surgery, rinse mouth with 10 ml for one minute. *Dental Gel*: Brush the teeth with one inch of gel for 1 minute, once or twice daily. Ulcers, oral candidal infections: directly to sore areas. For gingivitis, use for a month. For ulcers, oral candidal infections, use for 48 hours after clinical resolution. **Contraindications.** Previous hypersensitivity reaction to chlorhexidine. Such reactions are, extremely rare. **Precautions**. For oral use only, keep out of eyes and ears. **Side effects.** Occasional irritative skin reactions. Extremely rarely, generalised allergic reactions to chlorhexidine. Superficial discolouration of the ton and tooth-coloured restorations may occur, usually reversible. Transient taste disturbances and burning sensation of the tongue may occur on initial use of the mouthwash, usually diminishing with continued use. Occas desquamation. Very occasional parotid swelling. **Overdosage.** Systemic effects are unlikely after accidental ingestion or overdosage, however gastric lavage may be advisable. **Product Licence Numbers and Basic NHS Cost 'Corsodyl' Spray** (0079/0311) 60 ml (OP) £3.73. **'Corsodyl' Mouthwash** (0079/0313) 300 ml (OP) £1.84. **'Corsodyl' Mint Mouthwash** (0079/0312) 300 ml (OP) £1.84 600 ml (OP) £3.68. **'Corsodyl'** Dental Gel (0079/0314) 50 g (OP) £1.21. **Legal Category P**. Date of last revision March 1997. **Licence Holder** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD. **'Corsodyl' is a trademark.**

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